

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25180

1. Entity Name

BAYFRONT GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

R & P PROPERTY MANAGEMENT
265 AIRPORT SOUTH
NAPLES FL 34104
US

R & P PROPERTY MANAGEMENT
265 AIRPORT RD. S.
NAPLES FL 34104-3518
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0120316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

R & P PROPERTY MANAGEMENT INC.
265 AIRPORT RD. SOUTH
NAPLES FL 34104

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME CURICO, BARBARA
STREET ADDRESS 241 BAY FRONT DRIVE
CITY-ST-ZIP BONITA SPGS FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME BURKE, WAYNE
STREET ADDRESS 215 BAY FRONT DR.
CITY-ST-ZIP BONITA SPGS FL 34-1314

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Delete
NAME DASH, UDAYA
STREET ADDRESS 222 LELY BCH. BLVD.
CITY-ST-ZIP BONITA SPGS FL

TITLE DS ☐ Change ☒ Addition
NAME MCADAMS, JR., DANIEL
STREET ADDRESS 233 BAY FRONT DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90100 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)