

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # N25180****1. Entity Name**
BAYFRONT GARDENS HOMEOWNERS ASSOCIATION, INC.**Principal Place of Business**
R & P PROPERTY MANAGEMENT
265 AIRPORT SOUTH
NAPLES FL 34104 US**Mailing Address**
R & P PROPERTY MANAGEMENT
265 AIRPORT RD. S.
NAPLES FL 34104 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**
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** **GLENN CARROLL** **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	DS	☐ Delete		TITLE	☐ Change ☐ Addition		
NAME	DANIEL MCADAMS JR			NAME			
STREET ADDRESS	233 BAY FRONT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS FL 34134			CITY-ST-ZIP			
TITLE	DVP	☐ Delete		TITLE	☒ Change ☐ Addition		
NAME	BURKE WAYNE			NAME			
STREET ADDRESS	215 BAY FRONT DR.			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPGS FL 341314			CITY-ST-ZIP			
TITLE	DP	☐ Delete		TITLE	☒ Change ☐ Addition		
NAME	CURICO BARBARA			NAME			
STREET ADDRESS	241 BAY FRONT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPGS FL 34134			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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: GORDON GOODIER PD 04/28/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)