# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2008 8:00 am**
**Secretary of State**
03-28-2008 90025 032 ****61.25

DOCUMENT # N25180

1. Entity Name
BAYFRONT GARDENS HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~C/O PAULICH SLACK & WOLFF~~<br>5147 CASTELLO DRIVE<br>~~NAPLES, FL 34103 US~~ | ~~C/O STERLING PROPERTY SERVICE~~<br>27800 OLD 41 ROAD<br>~~BONITA SPRINGS, FL 34135 US~~ |

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01242008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| C/O STERLING PROPERTY SVC. | C/O STERLING PROPERTY SVC. |
| Suite, Apt. #, etc.<br>27180 BAY LANDING DR. SUITE 4 | Suite, Apt. #, etc.<br>27180 BAY LANDING DRIVE SUITE #4 |
| City & State<br>BONITA SPRINGS | City & State<br>BONITA SPRINGS |
| Zip / Country<br>34135 | Zip / Country<br>34135 |

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 |
|---|---|
| ~~STERLING PROPERTY SERVICES~~<br>27800 OLD 41 ROAD<br>~~BONITA SPRINGS, FL 34135~~ | Name: JOHN O'GORMAN<br>Street Address (P.O. Box Number is Not Acceptable)<br>C/O STERLING PROPERTY SERVICES<br>27180 BAY LANDING DRIVE, SUITE #4<br>City: BONITA SPRINGS FL Zip Code: 34135 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JOHN O'GORMAN 3/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>OWENS, SUSAN S<br>241 BAYFRONT DRIVE<br>BONITA SPGS, FL 34134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>WOLFF, CASEY<br>231 BAYFRONT DRIVE<br>BONITA SPGS, FL 34134 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>DEAN CLICK<br>229 BAYFRONT DRIVE<br>BONITA SPRINGS, FL 34134 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>GRANT, DOUGLAS<br>207 BAYFRONT DRIVE<br>BONITA SPGS, FL 34134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #