2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25180

FILED Mar 19, 2009 Secretary of State

Entity Name: BAYFRONT GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O STERLING PROPERTY DRIVE
27180 BAY LANSING DR, STE 4
BONITA SPRINGS, FL 34135 US
C/O STERLING PROPERTY DRIVE
27180 BAY LANDING DR, STE 4
BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

C/O STERLING PROPERTY DRIVE
27180 BAY LANSING DR, STE 4
BONITA SPRINGS, FL 34135 US

C/O STERLING PROPERTY DRIVE
27180 BAY LANDING DR, STE 4
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0120316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

O'GORMAN`, JOHN C/O STERLING PROPERTY SERVICES 27180 BAY LANSING DRIVE, STE 4 BONITA SPRINGS, FL 34135 US O'GORMAN`, JOHN C/O STERLING PROPERTY SERVICES 27180 BAY LANDING DRIVE, STE 4 BONITA SPRINGS, FL 34135 US

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: 03/19/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DT
 () Delete
 Title:
 DST
 (X) Change () Addition

 Name:
 OWENS, SUSAN S
 Name:
 CASEY, GREG DR.

 Address:
 241 BAYFRONT DRIVE
 Address:
 203 BAYFRONT DRIVE

 City-St-Zip:
 BONITA SPGS, FL 34134
 City-St-Zip:
 BONITA SPGS, FL 34134

Title: DV () Delete Title: () Change () Addition

 Title:
 DV
 () Delete
 Title:

 Name:
 CLICK, DEAN
 Name:

 Address:
 229 BAYFRONT DRIVE
 Address:

 City-St-Zip:
 BONITA SPGS, FL 34134
 City-St-Zip:

Title: DP () Delete Title: () Change () Addition

 Name:
 GRANT, DOUGLAS
 Name:

 Address:
 207 BAYFRONT DRIVE
 Address:

 City-St-Zip:
 BONITA SPGS, FL 34134
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG GRANT DP 03/19/2009