


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000000422 1. Entity Name BAYFRONT CONDOMINIUM ASSOCIATION, INCORPORATED	
---	---

Principal Place of Business P.O. BOX 3136 SARASOTA, FL 34230	Mailing Address P.O. BOX 3136 SARASOTA, FL 34230
--	--

DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0754749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AULT, SUE 755 SOUTH PALM AVE SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORAN, JOHN 1233 NORTH GULF STREAM AVENUE SUITE 302 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENGEL, JOHN 1255 NORTH GULFSTREAM AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AULT, SUE 755 SOUTH PALM AVE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000602218
01/26/07-80081-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Sue Ault (SUE AULT) 1-22-07 941-952-5868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #