

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000422

FILED  
Aug 25, 2008  
Secretary of State

**Entity Name:** BAYFRONT CONDOMINIUM ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 3136  
SARASOTA, FL 34230

**New Principal Place of Business:**

1233 N GULF STREAM AVE  
SUITE 302  
SARASOTA, FL 34236

**Current Mailing Address:**

P.O. BOX 3136  
SARASOTA, FL 34230

**New Mailing Address:**

1233 N GULF STREAM AVE  
SUITE 302  
SARASOTA, FL 34236

**FEI Number:** 65-0754749      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

AULT, SUE  
755 SOUTH PALM AVE  
SARASOTA, FL 34236      US

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

MORAN, JOHN  
1233 N GULF STREAM AVE  
SUITE 302  
SARASOTA, FL 34236 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: JOHN MORAN

08/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MORAN, JOHN  
Address: 1233 NORTH GULF STREAM AVENUE SUITE 302  
City-St-Zip: SARASOTA, FL 34236

Title: VP      ( ) Delete  
Name: ENGEL, JOHN  
Address: 1255 NORTH GULFSTREAM AVE  
City-St-Zip: SARASOTA, FL 34236

Title: ST      ( ) Delete  
Name: AULT, SUE  
Address: 755 SOUTH PALM AVE  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST      (X) Change ( ) Addition  
Name: CAMPO, BARBARA  
Address: 500 S PALM AVE  
City-St-Zip: SARASOTA, FL 34236

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: JOHN MORAN

P

08/25/2008

Electronic Signature of Signing Officer or Director

Date