

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25180

Entity Name: BAYFRONT GARDENS HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 30, 2022
Secretary of State
1810545201CC

Current Principal Place of Business:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 65-0120316

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC
C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109 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: DENNIS LIVELY

04/30/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name OWENS, SUSAN
Address 27180 BAY LANDING DRIVE
 SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title D
Name GRANT, DOUG
Address 27180 BAY LANDING DRIVE
 SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title T
Name STIGER, ROBERT BARRY
Address 27180 BAY LANDING DR
 SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title S
Name TUCKER, WILLIAM
Address 27180 BAY LANDING DR
 SUITE 4
City-State-Zip: BONITA SPRINGS FL 34135

Title VP
Name SHOCKLEY, BRETT
Address C/O ABILITY MANAGEMENT
 6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

I hereby 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 all other like empowered.

SIGNATURE: SUSAN OWENS

PRESIDENT

04/30/2022

Electronic Signature of Signing Officer/Director Detail

Date