

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002633

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE BARBADOS III AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

265 AIRPORT ROAD S.  
NAPLES, FL 34101

**New Principal Place of Business:**

**Current Mailing Address:**

265 AIRPORT ROAD S.  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 59-3450170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

R & P PROPERTY MANAGEMENT  
265 AIRPORT ROAD S.  
NAPLES, FL 34104 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: TAYLOR, CARL E  
Address: 710 TARPON COVE DR  
City-St-Zip: NAPLES, FL 34110

Title: PD ( ) Delete  
Name: CRANN, ROBERT  
Address: 710 TARPON COVE DR.  
City-St-Zip: NAPLES, FL 34110

Title: DST ( ) Delete  
Name: FREEMAN, JEFFERY  
Address: 710 TARPON COVE DR.  
City-St-Zip: NAPLES, FL 34110

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARL E TAYLOR

DP

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date