

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 714690 (5)**

1. Corporation Name  
**THE BARBADOS CLUB, INC.**



Principal Place of Business: **4501 TAMiami TR N #223 NAPLES FL 33940**  
Mailing Address: **4501 TAMiami TR N #223 NAPLES FL 33940**

3. Date Incorporated or Qualified: **05/31/1968**  
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	28	City & State	
24	25	29	30
Zip	Country	Zip	Country

4. FEI Number	Applied For
<b>59-1285720</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WHITE, LAURANIE L.</b> <b>4501 TAMiami TR N 223</b> <b>NAPLES FL 33940</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PASSIDOMO, GLORIA</b>	1.2 NAME	
STREET ADDRESS	<b>207 HARBOUR DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOOLITTLE, JEAN</b>	2.2 NAME	
STREET ADDRESS	<b>207 HARBOUR DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CASPARIS, KATHRYN</b>	3.2 NAME	<b>Dr. Sewall Pastor</b>
STREET ADDRESS	<b>207 HARBOUR DR.</b>	3.3 STREET ADDRESS	<b>207 Harbour Drive</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>Naples, FL 33940</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dr. Sewall Pastor* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: 3/22/96 Daytime Phone #: 262-3044

CR2E037 (12/95)