

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34103-3023
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1968	3a. Date of Last Report 03/26/1996
21 4933 Tamiami Trail N	26 4933 Tamiami Trail N	4. FEI Number 59-1285720		Applied For Not Applicable	
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23 Naples, FL 34103	City & State 28 Naples, FL 34103	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	B. 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			
WHITE, LAURANIE L. 4501 TAMiami TR N 223 NAPLES FL 33940				81 Name	White, Lauranie L.		
				82 Street Address (P.O. Box Number is Not Acceptable)	4933 Tamiami Trail N		
				83	Suite 200		
				84 City	FL	85 Zip Code	34103

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	TDV	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PASSIDOMO, GLORIA			1.2 NAME	Fowler, Hudson, Jr. Dr.		
STREET ADDRESS	207 HARBOUR DR			1.3 STREET ADDRESS	207 Harbour Dr. #3		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	Naples, FL 34103		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DOOLITTLE, JEAN			2.2 NAME	Blumberg, Edward		
STREET ADDRESS	207 HARBOUR DR			2.3 STREET ADDRESS	207 Harbour Dr. #4		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	Naples, FL 34103		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PASTOR, SEWALL			3.2 NAME			
STREET ADDRESS	207 HARBOUR DR			3.3 STREET ADDRESS	207 Harbour Dr. # 6		
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			34103
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)