
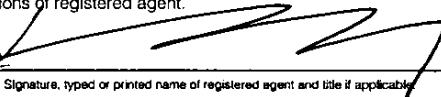



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90164 033 ****61.25

DOCUMENT # N02000001265			
1. Entity Name BARBADOS TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 14275 S W 142 AVE MIAMI, FL 33186		Mailing Address 14275 S W 142 AVE MIAMI, FL 33186	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRIAY, CARLOS 10570 NW 27 ST STE 103 3750 NW 87 AVE MIAMI, FL 33172 # 100 33178		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 2/2/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LEISI, JULIE <input checked="" type="checkbox"/> Delete STREET ADDRESS 760 N.W. 107 AVENUE SUITE 201 CITY-ST-ZIP MIAMI, FL 33172	TITLE PD NAME ROLLIN BANCROFT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 14275 SW 142 AVE. CITY-ST-ZIP MIAMI, FL 33186		
TITLE STD NAME HENDERSON, MERCEDES <input checked="" type="checkbox"/> Delete STREET ADDRESS 760 N.W. 107 AVENUE SUITE 201 CITY-ST-ZIP MIAMI, FL 33172	TITLE STD NAME BRUNA MONTANARI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 14275 SW 142 AVE. CITY-ST-ZIP MIAMI, FL 33186		
TITLE D NAME REICHY, MARTHA <input checked="" type="checkbox"/> Delete STREET ADDRESS 14275 S W 182 AVE CITY-ST-ZIP MIAMI, FL 33186	TITLE VPD NAME ANN MARIE EXPEDITO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 14275 SW 142 AVE. CITY-ST-ZIP MIAMI, FL 33186		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE TRD NAME PHILLIPE BELLANDE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 14275 SW 142 AVE. CITY-ST-ZIP MIAMI, FL 33186		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE D NAME TROY STEVENS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 14275 SW 142 AVE. CITY-ST-ZIP MIAMI, FL 33186		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 1/31/06 Daytime Phone # (305) 259-1431	

Filed on: 3/6/06
40026104



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number 04-3618160 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required