

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90090 030 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                                                        |                                                              |                                                                                                                                                                                                                    |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N08911</b><br>1. Entity Name<br><b>ONE BARBADOS CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                                                        |                                                              |                                                                                                                                                                                                                    |                                                                              |
| Principal Place of Business<br><b>ONE BARBADOS AVENUE<br/>TAMPA FL 33606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | Mailing Address<br><b>ONE BARBADOS AVENUE<br/>TAMPA FL 33606</b>                                                       |                                                              |                                                                                                                                                                                                                    |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                              |                                                              |                                                                                                                                                                                                                    |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | City & State                                                                                                           |                                                              | 4. FEI Number<br><b>59-2855725</b>                                                                                                                                                                                 |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 | Country                                                                                                                |                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><div style="border: 1px solid black; padding: 5px; width: fit-content;"> <del>GIDDENS, NEIL C<br/>ONE BARBADOS AVE UNIT 1-A<br/>DAVIS ISLANDS<br/>TAMPA FL 33606</del> </div>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                                                        |                                                              | 7. Name and Address of New Registered Agent<br>Name <b>NANCIE J. MIKA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>ONE BARBADOS AVE. UNIT 2-C</b><br>City <b>TAMPA</b> FL Zip Code <b>33606</b> |                                                                              |
| 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<br><small>Signature of officer or director (must be typed or printed name of registered agent and title if applicable)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                                                                                                        |                                                              | DATE <b>4/30/06</b>                                                                                                                                                                                                |                                                                              |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                              | <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                       |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                                                                                                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>ROOKS, RONALD<br>ONE BARBADOS AVE 2-D<br>TAMPA FL 33606   | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | PD<br>MIKA - NEAL NANCIE J.<br>ONE BARBADOS AVE - 2-C<br>TAMPA, FL 33606                                                                                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>MAGOFFEN, LYNN<br>ONE BARBADOS AVE 4-A<br>TAMPA FL 33606 | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | VPD<br>ROOKS, RONALD<br>ONE BARBADOS AVE - 2-D<br>TAMPA, FL 33606                                                                                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>SUAREZ, DANICA<br>ONE BARBADOS AVE. 4-D<br>TAMPA FL 33606 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>GIDDENS, NEIL C<br>ONE BARBADOS AVE 1-A<br>TAMPA FL 33606 | <input checked="" type="checkbox"/> Delete                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | TD<br>Cofer, Billie<br>ONE BARBADOS AVE - 1-B<br>TAMPA, FL 33606                                                                                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |                                                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <b>6-14-06</b> <b>813-254-6542</b>                      |                                                                                                                                                                                                                    |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                                                        | <small>Date</small>                                          |                                                                                                                                                                                                                    |                                                                              |