

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 04 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000001084 (9)

1. Corporation Name

THE BARBADOS AT TARPON COVE CONDOMINIUM ASSOCIAT  
ION, INC.



Principal Place of Business

Mailing Address

24301 WALDEN CENTER DR. SUITE 300  
BONITA SPRINGS FL 34134

24301 WALDEN CENTER DR. SUITE 300  
BONITA SPRINGS FL 34134

3. Date Incorporated or Qualified

02/25/1997

4. FEI Number

59-3440787

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEBOEST, RICHARD D  
1415 HENDRY ST  
FT MYERS FL 33901

81 Name  
Vivien N. Hastings

82 Street Address (P.O. Box Number is Not Acceptable)  
24301 Walden Center Drive

83 Suite 300

84 City  
Bonita Springs

85 Zip Code  
FL 34134

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

*[Signature]*

2/11/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GUNDERSON, JOHN  
STREET ADDRESS 801 LAUREL OAK DR, SUITE 500  
CITY-ST-ZIP NAPLES FL 34108 ☒ DELETE

1.1 TITLE PD  
1.2 NAME Albert F. Moscato, Jr.  
1.3 STREET ADDRESS 24301 Walden Center Drive  
1.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition

TITLE VD  
NAME GOENAGA, ARMANDO  
STREET ADDRESS 801 LAUREL OAK DR, SUITE 102  
CITY-ST-ZIP NAPLES FL 34108 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 24301 Walden Center Drive  
2.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☒ Change ☐ Addition

TITLE STD  
NAME PRITCHARD, SUSAN  
STREET ADDRESS 801 LAUREL OAK DR, SUITE 102  
CITY-ST-ZIP NAPLES FL 34108 ☒ DELETE

3.1 TITLE STD  
3.2 NAME Mary Beth Ebenger  
3.3 STREET ADDRESS 24301 Walden Center Drive  
3.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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.

SIGNATURE: Mary Beth Ebenger, Secretary

CP2E037 (10/97)