

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N97000001084****1. Entity Name**

THE BARBADOS AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

**Principal Place of Business**

760 TARPON COVE DR.

NAPLES  
34134

FL

**Mailing Address**

PO BOX 9709

NAPLES  
34101

FL

**2. Principal Place of Business**

R&amp;P PROPERTY MANAGEMENT

**3. Mailing Address**

R&amp;P PROPERTY MANAGEMENT

Suite, Apt. #, etc.

265 AIRPORT ROAD

NAPLES  
FL

Suite, Apt. #, etc.

265 AIRPORT ROAD

NAPLES  
FL

DO NOT WRITE IN THIS SPACE

**4. FEI Number****59-3440787**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**HART STEPHEN P  
COLLIER FINANCIAL, INC  
4985 TAMiami TRAIL EAST  
NAPLES  
34113

FL

**7. Name and Address of New Registered Agent**

Name

CARROLL GLENN

Street Address (P.O. Box Number is Not Acceptable)  
265 AIRPORT ROADCity  
NAPLES

FL

Zip Code  
34104

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.

SIGNATURE **GLENN CARROLL****04/29/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:****FEE IS \$61.25****9. Election Campaign Financing**

Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS**

TITLE	DTS	<input type="checkbox"/> Delete
NAME	WURTZ JOHN	
STREET ADDRESS	510 EAST 2 STREET	
CITY-ST-ZIP	MADISON IN 47250	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROOKER LESTER	
STREET ADDRESS	7800 TARPON COVE DR. #103	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOGUSKI WILLIAM	
STREET ADDRESS	7800 TARPON COVE DR. #203	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: WILLIAM BOGUSKI**

PD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)