

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001084

FILED  
Mar 21, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE BARBADOS AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 59-3440787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARROLL, GLENN  
265 AIRPORT ROAD  
NAPLES, FL 34104

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOGUSKI, WILLIAM  
Address: 7800 TARPON COVE DR. #203  
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete  
Name: ROOKER, LESTER  
Address: 7800 TARPON COVE DR. #103  
City-St-Zip: NAPLES, FL 34110

Title: DTS ( ) Delete  
Name: WURTZ, JOHN  
Address: 510 EAST 2 STREET  
City-St-Zip: MADISON, IN 47250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DTS (X) Change ( ) Addition  
Name: MURRAY, GROVER  
Address: 770 TARPON COVE DR #202  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BOGUSKI

PD

03/21/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date