


FILE NOW: FILING FEE IS \$61.25

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**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 # N97000001601 (0)
1. Corporation Name
THE BARBADOS II AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **24301 WALDEN CENTER DR. SUITE 300 BONITA SPRINGS FL 34134**
Mailing Address: **24301 WALDEN CENTER DR. SUITE 500 BONITA SPRINGS FL 34134**



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **03/16/1997**
4. FEI Number: **59-3444600** Applied For: Not Applicable:
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
**HASTINGS, VIVIEN N
801 LAUREL OAK DR STE 500
NAPLES FL 34108**

10. Name and Address of New Registered Agent
81 Name: **Vivien Hastings**
82 Street Address (P.O. Box Number is Not Acceptable): **24301 Walden Center Drive Suite 300**
84 City: **Bonita Springs** FL 85 Zip Code: **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]* DATE: **2/11/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD MOSCATO, ALBERT F JR.	1.2 NAME	
STREET ADDRESS	770 AND 780 TARPON COVE DRIVE	1.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL 34110	1.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD GOENAGA, ARMANDO	2.2 NAME	
STREET ADDRESS	770 AND 780 TARPON COVE DRIVE	2.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL 34110	2.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STD RIVERA, CARLOS A	3.2 NAME	DST Mary Beth Ebenger
STREET ADDRESS	770 AND 780 TARPON COVE DRIVE	3.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL 34110	3.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* DATE: **2/11/98** (941) 947-2600
Mary Beth Ebenger, Secretary

CR2E037 (10/97)