

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000001601****1. Entity Name**
THE BARBADOS II AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
730 TARPON COVE DR	P.O. BOX 9709
NAPLES FL 34110 US	NAPLES FL 34101 US

2. Principal Place of Business	3. Mailing Address
265 AIRPORT ROAD	265 AIRPORT ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
NAPLES FL	NAPLES FL	59-3444600	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
34104 US	34104 US		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS LEO F 709 103RD AVE N NAPLES FL 34108	Name CARROLL GLENN Street Address (P.O. Box Number is Not Acceptable) 265 AIRPORT ROAD City 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
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>DATE</small>

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
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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: FREDERICK HACKER	DP	04/29/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDateDaytime Phone #

CR2E037 (11/00)