2002 UNIFORM BUSINESS REPORT (UBR)

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

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

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
265 AIRPORT ROAD NAPLES, FL 34104 US		265 AIRPORT ROAD NAPLES, FL 34104	265 AIRPORT ROAD SOUTH NAPLES, FL 34104 US	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
265 AIRPORT ROAD NAPLES, FL 34104 US		265 AIRPORT ROAD NAPLES, FL 34104	265 AIRPORT ROAD SOUTH NAPLES, FL 34104 US	
FEI Number:	59-3444600 FEI Number Applied	d For() FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Agent: Name and Address	Name and Address of New Registered Agent:	
CARROLL, GLENN 265 AIRPORT ROAD NAPLES, FL 34104		CARROLL, GLENN 265 AIRPORT ROAD NAPLES, FL 34104	265 AIRPÓRT ROAD SOUTH	
	named entity submits this stateme e of Florida.	ent for the purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:		03/21/2002	
	Electronic Signature of Reg	istered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete HACKER, FREDERICK 740 TARPON COVE DR #102 NAPLES, FL 34110	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () Delete WILLIAMS, ANTHONY 750 TARPON COVE DRIVE #203 NAPLES, FL 34110	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete MOUREAU, ANGELA 730 TARPON COVE DR #201 NAPLES, FL 34110	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FREDERICK HACKER PD 03/21/2002