2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90182 035 ****61.25

DOCUMENT # N97000002633

1. Entity Name

THE BARBADOS III AT TARPON COVE CONDOMINIUM ASSO

Principal Place of Business	Mailing Address
24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134	24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134-4920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
710 TARPON COVE DR Suite, Apt. #, etc.	PO BOX 9709 Suite, Apt. #, etc.
City & State: NAPLES FL [redacted]	City & State: NAPLES FL
Zip: 34110 Country: US	Zip: 34101-9709 Country: US

4. FEI Number 59-3450170 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
STE 300
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name: Stephen P HART
Street Address (P.O. Box Number is Not Acceptable): COLLIER FINANCIAL INC
4985 TAMIAMI TRAIL EAST
City: NAPLES FL Zip Code: 34113

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: Stephen P. Hart 4/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FLINN, MILTON G 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34143	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BEEBE, JR, Edmund 710 TARPON COVE DRIVE #103 NAPLES FL 34110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV OAK, TIMOTHY 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Crown, Robert 54829 Flamingo Dr SHELBY TOWNSHIP MI 48315	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST EASTMAN, KELLI 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Taylor, Carl E 15 QUAMHASSET ROAD BUZZARDS BAY MA 02532	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BIDWELL, PAULA 24301 WALDEN CENTER DRIVE BONIA SPRINGS FL 34134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MCCALL, THOMAS 24301 WALDEN CENTER DRIVE BONIA SPRINGS FL 34134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: SIGNATURE REQUIRED Edmund C. Beebe Jr. 4/18/00 941 513 1938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #