

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000002633****1. Entity Name**

THE BARBADOS III AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

710 TARPON COVE DR

NAPLES
34110

FL

Mailing Address

P O BOX 9709

NAPLES
341019709

FL

2. Principal Place of Business

265 AIRPORT ROAD S.

3. Mailing Address

265 AIRPORT ROAD S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES

FL

City & State

NAPLES

FL

4. FEI Number**59-3450170****Applied For**

Not Applicable

Zip
34101

Country

Zip
34104

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HART STEPHEN P
COLLEGE FINANCIAL INC
4985 TAMiami TRAIL EAST
NAPLES
34113 US

FL

7. Name and Address of New Registered Agent**Name**

R & P PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)
265 AIRPORT ROAD S.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****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TAYLOR CARL E 15 QUAMHASSET RD BUZZARDS BAY MA 02532	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CROWN ROBERT 54829 FLAMINGO DR SHELBY TOWNSHIP MI 48315	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEEBEE JR EDMUND 710 TARPON COVE DR #103 NAPLES FL 34110	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FREEMAN JEFFERY 710 TARPON COVE DR. NAPLES FL 34110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRANN ROBERT 710 TARPON COVE DR. NAPLES FL 34110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR CARL E 710 TARPON COVE DR NAPLES FL 34110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: CARL E. TAYLOR

DP

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)