2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002633

FILED May 01, 2006 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH

1016 COLLIER CENTER WAY, SUITE 102

C/O PLATINUM PROPERTY MANAGEMENT, LLC

NAPLES, FL 34110

NAPLES, FL 34101

Current Mailing Address:

New Mailing Address:

C/O R&P PROPERTY MANAGMENT 265 AIRPORT ROAD SOUTH

C/O PLATINUM PROPERTY MANAGEMENT, LLC 1016 COLLIER CENTER WAY, SUITE 102

NAPLES, FL 34104

NAPLES, FL 34110

FEI Number: 59-3450170

FEI Number Not Applicable ()

Certificate of Status Desired ()

FEI Number Applied For () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

R & P PROPERTY MANAGEMENT 265 AIRPORT ROAD S. NAPLES, FL 34104

PLATINUM PROPERTY MANAGEMENT, LLC 1016 COLLIER CENTER WAY

SUITE 102 NAPLES, FL 34110 US

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: TIMOTHY J. BONACCI

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

() Delete

BIGOUSKI, BILL Name:

780 TARPON COVE DRIVE #203 Address:

City-St-Zip: NAPLES, FL 34110

Title: () Delete

WILLIAMS, ANTHONY Name: Address: 750 TARPON COVE DR #203

City-St-Zip: NAPLES, FL 34110

Title: DST () Delete RICHMOND, BEN Name:

730 TARPON COVE DRIVE #201 Address:

City-St-Zip: NAPLES, FL 34110 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

BOGUSKI, BILL Name:

Address: 780 TARPON COVE DRIVE #203

City-St-Zip: NAPLES, FL 34110

Title: (X) Change () Addition

Name: RICHMAN, BEN

Address: 730 TARPON COVE DRIVE #201

City-St-Zip: NAPLES, FL 34110

Title: DST (X) Change () Addition

Name: WILLIAMS, ANTHONY

750 TARPON COVE DRIVE #203 Address:

City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIMOTHY J. BONACCI MD

Electronic Signature of Signing Officer or Director

Date

05/01/2006