

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90001 045 \*\*\*\*61.25

**DOCUMENT # N97000002633**

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



Principal Place of Business  
**C/O PLATINUM PROPERTY MANAGEMENT, LLC  
1016 COLLIER CENTER WAY, SUITE 102  
NAPLES, FL 34110**

Mailing Address  
**C/O PLATINUM PROPERTY MANAGEMENT, LLC  
1016 COLLIER CENTER WAY, SUITE 102  
NAPLES, FL 34110**

**40025163**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01292007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3450170**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**PLATINUM PROPERTY MANAGEMENT, LLC  
1016 COLLIER CENTER WAY  
SUITE 102  
NAPLES, FL 34110**

7. Name and Address of New Registered Agent

Name **Platinum Property Management, LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**1016 Collier Center Way**  
**Suite 102**  
City **Naples** FL Zip Code **34110**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BOGUSKI, BILL	
STREET ADDRESS	780 TARPON COVE DRIVE #203	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RICHMAN, BEN	
STREET ADDRESS	730 TARPON COVE DRIVE #201	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANTHONY	
STREET ADDRESS	750 TARPON COVE DRIVE #203	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #