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**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000002646**

1. Corporation Name

**THE BARBADOS IV AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

24301 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DRIVE  
SUITE 300  
BONITA SPRINGS FL 34134



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

59-3450168

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MOSCATO, ALBERT F JR  
STREET ADDRESS 24301 WALDEN CENTER DR  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DELETE

TITLE VD  
NAME GOENAGA, ARMANDO  
STREET ADDRESS 24301 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DELETE

TITLE DST  
NAME EBENGER, MARY ANN  
STREET ADDRESS 24301 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Milton G. Flinn  
1.3 STREET ADDRESS 24301 Walden Center Drive  
1.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition

2.1 TITLE DV  
2.2 NAME Timothy Oak  
2.3 STREET ADDRESS 24301 Walden Center Drive  
2.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition

3.1 TITLE DST  
3.2 NAME Kelli Eastman  
3.3 STREET ADDRESS 24301 Walden Center Drive  
3.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition

4.1 TITLE AS  
4.2 NAME Paula Bidwell  
4.3 STREET ADDRESS 24301 Walden Center Drive  
4.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition

5.1 TITLE AS  
5.2 NAME Thomas McCall  
5.3 STREET ADDRESS 24301 Walden Center Drive  
5.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

2/11/99

(941) 947-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)