

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90015 040 \*\*\*61.25

**DOCUMENT # N97000002646**

1. Entity Name

**THE BARBADOS IV AT TARPON COVE CONDOMINIUM ASSOC**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**PO Box 9709**

**NAPLES FL**

**34101-9709**

**US**

4. FEI Number

**59-3450168**

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

6. Name and Address of Current Registered Agent

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

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

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	FLINN, MILTON G	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OAK, TIMOTHY	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	EASTMAN, KELLI	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BIDWELL, PAULA	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCCALL, THOMAS	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONIA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth W. Hayden	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL. 34134	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvonne Blair	
STREET ADDRESS	24301 Walden Center Drive	
CITY-ST-ZIP	Bonita Springs, FL. 34134	
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 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**

**KENNETH W. HAYDEN**

**3-2000**

**941.498.8620**

CR2E037 (9/99)