

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000002646****1. Entity Name**

THE BARBADOS IV AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS
34134

FL

Mailing AddressPO BOX 9709
NAPLES
341019709

US

FL

2. Principal Place of Business

265 AIRPORT ROAD

3. Mailing Address

265 AIRPORT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES

FL

City & State

NAPLES

FL

4. FEI Number**59-3450168****Applied For**

Not Applicable

Zip
34104

Country

Zip
34104Country
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**HASTINGS VIVIEN N
24301 WALDEN CENTER DRIVE
STE 300
BONITA SPRINGS
34134

FL

US

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

CARROLL GLENN

Street Address (P.O. Box Number is Not Acceptable)
265 AIRPORT ROADCity
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****04/29/2001**

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	AS	<input checked="" type="checkbox"/> Delete
NAME	MCCALL THOMAS	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BLAIR YVONNE	
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	DP	<input type="checkbox"/> Delete
NAME	HAYDEN KENNETH W	
STREET ADDRESS	24301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
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	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER ALESIA	
STREET ADDRESS	784 CARRICK BEND CIRCLE #202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELANEY BILL	
STREET ADDRESS	792 CARRICK BEND CIRCLE #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON BILL	
STREET ADDRESS	800 CARRICK BEND CIRCLE #103	
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		

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: BILE LARSEN

DP

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)