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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000006420

1. Corporation Name

THE BARBADOS V AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

24301 WALDEN CENTER, SUITE 300 BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER, SUITE 300 BONITA SPRINGS FL 34134



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/10/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0795239

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASTINGS, VIVEN N 24301 WALDEN CENTER, SUITE 300 BONITA SPRINGS FL 34134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD [X] DELETE  
NAME MOSCATO, ALBERT F JR.  
STREET ADDRESS 24301 WALDEN CENTER, SUITE 300  
CITY-ST-ZIP BONITA SPRINGS FL 34134

1.1 TITLE PD [ ] Change [X] Addition  
1.2 NAME Milton G. Flinn  
1.3 STREET ADDRESS 24301 Walden Center Drive  
1.4 CITY-ST-ZIP Bonita Springs, FL 34134

TITLE VSTD [X] DELETE  
NAME GOENAGA, ARMANDO  
STREET ADDRESS 24301 WALDEN CENTER, SUITE 300  
CITY-ST-ZIP BONITA SPRINGS FL 34134

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

TITLE D [X] DELETE  
NAME EBENGER, MARY B  
STREET ADDRESS 24301 WALDEN CENTER, SUITE 300  
CITY-ST-ZIP BONITA SPRINGS FL 34134

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

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 (1/98)