## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N9700006420 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name THE BARBADOS V AT TARPON COVE CONDOMINIUM ASSOCI 04-25-2000 90080 045 \*\*\*\*61.25 Principal Place of Business Mailing Address 24301 WALDEN CENTER, SUITE 300 24301 WALDEN CENTER, SUITE 300 **BONITA SPRINGS FL 34134** BONITA SPRINGS FL 34134-4920 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number ity & State APLES 65-0795239 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable COLLER FINA WCIA HASTINGS, VIVIEN N 24301 WALDEN CENTER, SUITE 300 **BONITA SPRINGS FL 34134** Code PLES 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 ag (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change PD TITLE TITLE Delete PD NAME NAME FLINN, MILTON G Kenneth W. Hayden STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DRIVE 24311 Walden Center Dr. # 205 CITY-ST-7IP CITY-ST-ZIP **BONITA SPRINGS FL 34134** <del>Bonita Springs, FL. 34134</del> Change xxx Addition DST Yvonne Blair 24301 Walden Center Bonita Springs, FL. D۷ ☐ Delete TITLE TITLE NAME NAME OAK, TIMOTHY STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DRIVE CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME eastman. Kelli STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** ☐ Change ☐ Addition TITLE AS Delete TITLE NAME BIDWELL, PAULA STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DRIVE CITY-ST-ZIP CITY-ST-ZIP **BONIA SPRINGS FL 34134** ☐ Delete ☐ Addition TITLE AS TITLE NAME NAME MCCALL, THOMAS STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DRIVE CITY-ST-ZIP CITY-ST-ZIP **BONIA SPRINGS FL 34134** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE: SIMSTULE REDIRED 22500 941.498.8628

changed, or on an attachment with an address, with all other like empowered.

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

KENNETH W HAYDEN