

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # N97000006420

1. Entity 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 PO BOX 9709 NAPLES FL 341019709 US
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2. Principal Place of Business 265 AIRPORT ROAD SOUTH	3. Mailing Address 265 AIRPORT ROAD SOUTH
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NAPLES FL
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Zip 34104	Country	Zip 34104	Country US
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4. FEI Number 65-0795239	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HART STEPHEN
 COLLIER FINANCIAL INC
 4985 TAMiami TRAIL EAST
 NAPLES FL 34113

7. Name and Address of New Registered Agent

Name
 CARROLL GLENN
 Street Address (P.O. Box Number is Not Acceptable)
 265 AIRPORT ROAD SOUTH
 City
 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 DATE 04/29/2001
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 AS NAME MCCALL THOMAS STREET ADDRESS 24301 WALDEN CENTER DRIVE CITY-ST-ZIP BONIA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE DST NAME BLAIR YVONNE STREET ADDRESS 24301 WALDEN CENTER, SUITE 300 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE DV NAME OAK TIMOTHY STREET ADDRESS 24301 WALDEN CENTER DRIVE CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE PD NAME HAYDEN KENNETH W STREET ADDRESS 24311 WALDEN CENTER DR #205 CITY-ST-ZIP BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DS NAME MCCALL THOMAS STREET ADDRESS 24301 WALDEN CENTER DRIVE CITY-ST-ZIP BONIA SPRINGS FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME ADAMS BILL STREET ADDRESS 785 CARRICK BEND CIR CITY-ST-ZIP NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GERHART JOHN STREET ADDRESS 793 CARRICK BEND CITY-ST-ZIP NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOHN GERHART PD DATE: 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)