2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2002 8:00 AM
Secretary of State

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Entity Name: THE BARBADOS V AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

265 AIRPORT ROAD SOTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0795239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROLL, GLENN
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GERHART, JOHN
Address: 793 CARRICK BEND
City-St-Zip: NAPLES, FL 34110

Title: DV ( ) Delete
Name: ADAMS, BILL
Address: 785 CARRICK BEND CIR
City-St-Zip: NAPLES, FL 34110

Title: DST ( ) Delete
Name: BLAIR, YVONNE
Address: 24301 WALDEN CENTER, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS ( ) Delete
Name: MCCALL, THOMAS
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONIA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: MESTI, FREDRICK JR
Address: 785 CARRICK CIRCLE #203
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS (X) Change ( ) Addition
Name: ADAMS, WILLIAM
Address: 785 CARRICK BEND CIRCLE #103
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ADAMS DS 03/21/2002

Electronic Signature of Signing Officer or Director — Date