

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N97000006420

Entity Name: THE BARBADOS AT CARRICK BEND CIRCLE 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:

R&P PROPERTY MANAGEMENT
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: DVP () Delete
Name: BELANEY, BILL
Address: 792 CARRICK BEND CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: DST () Delete
Name: FAULKS, JACK
Address: 833 CARRICK BEND CIRCLE #102
City-St-Zip: NAPLES, FL 34110

Title: PD () Delete
Name: LAWSON, JIM
Address: 882 CARRICK BEND CIRCLE #102
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: BELANEY, WILLIAM
Address: 792 CARRICK BEND CIRCLE #101
City-St-Zip: NAPLES, FL 34110

Title: DST (X) Change () Addition
Name: GREENLEAF, CLAUDIA
Address: 849 CARRICK BEND CIRCLE #102
City-St-Zip: NAPLES, FL 34110

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

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: JIM LAWSON

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date