

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006420

FILED  
May 01, 2006  
Secretary of State

**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:**

C/O PLATINUM PROPERTY MANAGEMENT, LLC  
1016 COLLIER CENTER WAY, SUITE 102  
NAPLES, FL 34110

**Current Mailing Address:**

265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 US

**New Mailing Address:**

PLATINUM PROPERTY MANAGEMENT, LLC  
1016 COLLIER CENTER WAY, SUITE 102  
NAPLES, FL 34110 US

**FEI Number:** 65-0795239      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

PLATINUM PROPERTY MANAGEMENT, LLC  
1016 COLLIER CENTER WAY, SUITE 102  
NAPLES, FL 34110 US

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: TIMOTHY J. BONACCI

05/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: PD (X) Delete  
Name: ADAMS, WILLIAM  
Address: 785 CARRICK BEND CIRCLE  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DP (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 Chapter 119, 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: TIMOTHY J. BONACCI

MD

05/01/2006

Electronic Signature of Signing Officer or Director

Date