


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90001 046 ****61.25

DOCUMENT # N97000006420

1. Entity Name
THE BARBADOS AT CARRICK BEND CIRCLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O PLATINUM PROPERTY MANAGEMENT, LLC
 1016 COLLIER CENTER WAY, SUITE 102
 NAPLES, FL 34110**

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

40040106



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01292007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0795239

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required


6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Platinum Property Management, LLC**
 Street Address (P.O. Box Number is Not Acceptable) **1016 Collier Center Way - Suite 102**
 City **Naples** FL Zip Code **34110**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DVP	BELANEY, WILLIAM	792 CARRICK BEND CIRCLE #101	NAPLES, FL 34110	<input type="checkbox"/>
DP	GREENLEAF, CLAUDIA	849 CARRICK BEND CIRCLE #102	NAPLES, FL 34110	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR