


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90040 050 ****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**

60025075



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02292008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0795239

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** Delete
 NAME **BELANEY, WILLIAM**
 STREET ADDRESS **792 CARRICK BEND CIRCLE #101**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **P** Change Addition
 NAME **Jerry Sherman**
 STREET ADDRESS **900 Carrick Bend Circle #203**
 CITY-ST-ZIP **Naples, FL 34110**

TITLE **DP** Delete
 NAME **GREENLEAF, CLAUDIA**
 STREET ADDRESS **849 CARRICK BEND CIRCLE #102**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **Sec** Change Addition
 NAME **David Burns**
 STREET ADDRESS **800 Carrick Bend Circle #202**
 CITY-ST-ZIP **Naples, FL 34110**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** Change Addition
 NAME **Jack Beagan**
 STREET ADDRESS **785 Carrick Bend Circle #102**
 CITY-ST-ZIP **Naples, FL 34110**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Jerry Sherman, Pres 4/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #