## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000006420

FILED Apr 29, 2003 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

265 AIRPORT ROAD SOTH NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

265 AIRPORT ROAD SOUTH NAPLES, FL 34104 US

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

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

CARROLL, GLENN
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

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

RAPLES, FL 34104

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: STEVE CALLOWAY 04/29/2003

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: DVP (X) Change () Addition Name: GERHART, JOHN Name: BELANEY, BILL

 Address:
 793 CARRICK BEND
 Address:
 792 CARRICK BEND CIRCLE

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34110

Title: DV ( ) Delete Title: DST (X) Change ( ) Addition

Name:ADAMS, BILLName:FAULKS, JACKAddress:785 CARRICK BEND CIRAddress:833 CARRCIK BEND CIRCLE #102

City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: DST ( ) Delete Title: PD (X) Change ( ) Addition Name: MESTI, FREDRICK JR Name: LAWSON, JIM

 Address:
 785 CARRICK CIRCLE #203
 Address:
 882 CARRICK BEND CIRCLE #102

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 City-St-Zip:
 NAPLES, FL 34110

Title: DS (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ADAMS, WILLIAM
 Name:

 Address:
 785 CARRICK BEND CIRCLE #103
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34134
 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: WILLIAM BELANEY DVP 04/29/2003