

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90106 002 ***428.75

DOCUMENT # N97000006441

1. Corporation Name

**THE BARBADOS VI AT TARPON COVE CONDOMINIUM ASSOC
IATION, INC.**

Principal Place of Business

**24301 WALDEN CENTER DRIVE, SUITE 300
BONITA SPRINGS FL 34134**

Mailing Address

**24301 WALDEN CENTER DRIVE, SUITE 300
BONITA SPRINGS FL 34134**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

59-3480571

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HASTINGS, VIVIAN N
24301 WALDEN CENTER DRIVE, SUITE 300
BONITA SPRINGS FL 34134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MOSCATO, ALBERT F JR
STREET ADDRESS 24301 WALDEN CENTER DRIVE, SUITE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DELETETITLE VSTD
NAME GOENAGA, ARMANDO
STREET ADDRESS 24301 WALDEN CENTER DRIVE, SUITE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DELETETITLE D
NAME EBENGER, MARY B
STREET ADDRESS 24301 WALDEN CENTER DRIVE, SUITE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Milton G. Flinn
1.3 STREET ADDRESS 24301 Walden Center Drive
1.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition2.1 TITLE DV
2.2 NAME Timothy Oak
2.3 STREET ADDRESS 24301 Walden Center Drive
2.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition3.1 TITLE DST
3.2 NAME Kelli Eastman
3.3 STREET ADDRESS 24301 Walden Center Drive
3.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition4.1 TITLE AS
4.2 NAME Paula Bidwell
4.3 STREET ADDRESS 24301 Walden Center Drive
4.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition5.1 TITLE AS
5.2 NAME Thomas McCall
5.3 STREET ADDRESS 24301 Walden Center Drive
5.4 CITY-ST-ZIP Bonita Springs, FL 34134 ☐ Change ☒ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/11/99 (941) 947-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)