

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006441

1. Entity Name

THE BARBADOS VI AT TARPON COVE CONDOMINIUM ASSOC

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90029 018 *****61.25

0073237

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DRIVE, SUITE 300
BONITA SPRINGS FL 34134

24301 WALDEN CENTER DRIVE, SUITE 300
BONITA SPRINGS FL 34134

D0032682



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Property Management
265 Airport Road South
Naples FL 34104

Suite, Apt. #, etc.

Property Management
265 Airport Road South
Naples FL 34104

City & State

Naples FL 34104

City & State

Naples FL 34104

4. FEI Number

59-3480571

Applied For

Not Applicable

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

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

Name

Property Management
265 Airport Road South
Naples FL 34104

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.

SIGNATURE

Steve Callaway

(NOTE: Registered Agent signature required when reinstating)

2-28-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYDEN, KENNETH W 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OAK, TIMOTHY 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLAIR, YVONNE 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCCALL, THOMAS 24301 WALDEN CENTER DRIVE BONIA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Jonas Darmstadt 808 Carrick Bend Circle Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Jeff Leach 882 Carrick Bend Circle Naples FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Richard Kirschner 882 Carrick Bend Circle Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-594-1702 3-01-01

Date

Daytime Phone #

CR2E037 (10/00)