

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA 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 # N97000006442

1. Corporation Name

**THE BARBADOS VII AT TARPON COVE CONDOMINIUM ASSO
CIATION, INC.**

Principal Place of Business

24301 WALDEN CENTER DR. SUITE 300
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DR. 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 30

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

65-0797518

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. 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 DR, 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 DR, SUITE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DELETE

TITLE VSTD
NAME GOENAGA, ARMANDO
STREET ADDRESS 24301 WALDEN CENTER DR, SUITE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DELETE

TITLE D
NAME EBENGER, MARY 3
STREET ADDRESS 24301 WALDEN CENTER DR, SUITE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME Milton G. Flinn
1.3 STREET ADDRESS 24301 Walden Center Drive
1.4 CITY-ST-ZIP Bonita Springs, FL 34134

2.1 TITLE DV ☐ Change ☐ Addition
2.2 NAME Timothy Oak
2.3 STREET ADDRESS 24301 Walden Center Drive
2.4 CITY-ST-ZIP Bonita Springs, FL 34134

3.1 TITLE DST ☐ Change ☒ Addition
3.2 NAME Kelli Eastman
3.3 STREET ADDRESS 24301 Walden Center Drive
3.4 CITY-ST-ZIP Bonita Springs, FL 34134

4.1 TITLE AS ☐ Change ☒ Addition
4.2 NAME Paula Bidwell
4.3 STREET ADDRESS 24301 Walden Center Drive
4.4 CITY-ST-ZIP Bonita Springs, FL 34134

5.1 TITLE AS ☐ Change ☒ Addition
5.2 NAME Thomas McCall
5.3 STREET ADDRESS 24301 Walden Center Drive
5.4 CITY-ST-ZIP Bonita Springs, FL 34134

6.1 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 a letter like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99

(941) 947-2600

Date

Daytime Phone #

CR2E037 (11/98)

0064829