

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

04-06-2001 90054 015 *****61.25
N97000006442

007365

DOCUMENT # N97000006442

1. Entity Name

THE BARBADOS VII AT TARPON COVE CONDOMINIUM ASSO

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

Property Management
285 Airport Road South
Naples FL 34104

3. Mailing Address

Property Management
285 Airport Road South
Naples FL 34104

01 NOV 20 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0043336



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0797518

Applied For

Not Applicable

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, VIVIEN N
24301 WALDEN CENTER DR, SUITE 300
BONITA SPRINGS FL 34134

Name

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

City

Property Management
285 Airport Road South
Naples FL 34104

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

Steve Callaway

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

(NOTE: Registered Agent signature required when registering)

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

TITLE DP
NAME FLINN, MILTON G
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE DV
NAME OAK, TIMOTHY
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE DST
NAME EASTMAN, KELLI
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE AS
NAME BIDWELL, PAULA
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE AS
NAME MCCALL, THOMAS
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME LUCAS CARTER
STREET ADDRESS 857 CARRICK ROAD SW
CITY-ST-ZIP NAPLES FL 34110 ☐ Change ☒ Addition

TITLE DV
NAME JOHN FAULK
STREET ADDRESS 857 CARRICK ROAD SW
CITY-ST-ZIP NAPLES FL 34110 ☐ Change ☒ Addition

TITLE S/D
NAME JOHANN H. BOGAN
STREET ADDRESS 857 CARRICK ROAD SW
CITY-ST-ZIP NAPLES FL 34110 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 941-514-3749

Date

Daytime Phone

CR2E037 (10/00)