

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002633

**Entity Name:** THE BARBADOS AT TARPON COVE DRIVE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC2535910837**

**Current Principal Place of Business:**

C/O TOWNE PROPERTIES  
1016 COLLIER CENTER WAY, SUITE 102  
NAPLES, FL 34110

**Current Mailing Address:**

C/O TOWNE PROPERTIES  
1016 COLLIER CENTER WAY, SUITE 102  
NAPLES, FL 34110 US

**FEI Number: 59-3450170**

**Certificate of Status Desired: No**

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

TOWNE PROPERTIES  
1016 COLLIER CENTER WAY  
SUITE 102  
NAPLES, FL 34110 US

*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: MICHAEL TOWNS**

**03/30/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TENNY, DAVID  
Address        740 TARPON COVE DR. #203  
City-State-Zip: NAPLES FL 34110

Title            SECRETARY, TREASURER  
Name            WILLIAMS, ANTHONY  
Address        750 TARPON COVE DRIVE #203  
City-State-Zip: NAPLES FL 34110

Title            VP  
Name            JORGE, FLAVIA  
Address        C/O TOWNE PROPERTIES  
                 1016 COLLIER CENTER WAY, SUITE  
                 102  
City-State-Zip: NAPLES FL 34110

Title            VP  
Name            JORGE, FLAVIA  
Address        C/O TOWNE PROPERTIES  
                 1016 COLLIER CENTER WAY, SUITE  
                 102  
City-State-Zip: NAPLES FL 34110

Title            VP  
Name            JORGE, FLAVIA  
Address        C/O TOWNE PROPERTIES  
                 1016 COLLIER CENTER WAY, SUITE  
                 102  
City-State-Zip: NAPLES FL 34110

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID TENNY**

**PRESIDENT**

**03/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date