**FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Sep 05, 2001 8:00 am Secretary of State DOCUMENT # N0000008223 1. Entity Name 09-05-2001 90007 028 \*\*\*\*61.25 LAKE BARRINGTON 4A CONDOMINIUM ASSOCIATION, INC. Maage Mus 28341-S. TAMIAMI TRAIL. STE. U 000006466 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 Principal Place of Busines DO NOT WRITE IN THIS SPACE 4. FEI Number 59-Applied For <u>36</u>88 133 Not Applicable Country S \$8.75 Additional Fee Required 5. Certificate of Status Desired (5 A Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATHIASON, MARION P STE. 2100, ONE TAMPA CITY CENTER P.O. BOX 3433 Zip Code **Rampa Fl. 33601** 34104 FL NAPles FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees After September 12, 2001, min. will be \$236.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 (5/01) TITLE **ጆ** Delete TITLE **X** Addition MANGANO, JOHN NAME NAME STREET ADDRESS 28341 S. TAMIAMI TRAIL, STE. D STREET ADDRESS E037 CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITLE Delete TITLE Addition WEBER, ED NAME NAME 28341 S. TAMIAMI TRAIL, STE. D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITLE-- Delete TITLE Change \_\_\_ Addition REINERT, RALPH E NAME NAME STREET ADDRESS 28341 S. TAMIAMI TRAIL, STE. D STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 librersprowered. 817101 (941)732-737U SIGNATURE:

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