

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008223

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: LAKE BARRINGTON 4A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3688133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&R PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KUBIK, DOUG
Address: 28341 S TAMiami TRAIL SUITE #D
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: WEBER, ED
Address: 28341 S. TAMiami TRAIL, STE. D
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: REINERT, RALPH E
Address: 28341 S. TAMiami TRAIL, STE. D
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DOUG KUBIK

PD

05/01/2002

Electronic Signature of Signing Officer or Director

Date