

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2010  
Secretary of State**

DOCUMENT# N00000008223

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

**Current Principal Place of Business:**

**New Principal Place of Business:**

C/O THE WARNER CORP.  
886 110TH AVENUE NORTH, #7  
NAPLES, FL 34108

**Current Mailing Address:**

**New Mailing Address:**

C/O THE WARNER CORP.  
886 110TH AVENUE NORTH, #7  
NAPLES, FL 34108

FEI Number: 59-3688133      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

WARNER, BRYAN J  
886 110TH AVENUE NORTH, #7  
NAPLES, FL 34108      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DAVIS, ROBERT  
Address: 4833 HAMPSHIRE COURT #207  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: BELL, JULE  
Address: 4844 HAMPSHIRE COURT #107  
City-St-Zip: NAPLES, FL 34112

Title: T  
Name: DECKER, JAMES  
Address: 4844 HAMPSHIRE COURT #203  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: SHAW, ROBERT  
Address: 4833 HAMPSHIRE COURT #303  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: THOMAS, JERRY  
Address: 4833 HAMPSHIRE COURT # 301  
City-St-Zip: NAPLES, FL 34112

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: BRYAN WARNER

AM

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date