## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000008223

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

FILED Apr 25, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
265 AIRPORT ROAD SOUTH NAPLES, FL 34104				C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104			
Current Mailing Address:				New Mailing Address:			
265 AIRPORT ROAD SOUTH NAPLES, FL 34104				C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104			
FEI Number:	59-3688133	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired (	)
Name and	Address of C	urrent Registered Agent:		Name and	Address o	of New Registered Agent:	
R&R PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 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.							
SIGNATUR	E:						
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KUBIK, DOUĞ	Delete MI TRAIL SUITE #D GS, FL 34134		Title: Name: Address: City-St-Zip:	PD YOUNG, EL 4844 HAMF NAPLES, F	SHIRE CT #103	
Title: Name: Address: City-St-Zip:	WEBER, ED	Delete AMI TRAIL, STE. D GS, FL 34134		Title: Name: Address: City-St-Zip:	SD EHRIE, MIC 4843 HAMF NAPLES, F	SHIRE CT #305	
Title: Name: Address: City-St-Zip:	STD () Delete REINERT, RALPH E 28341 S. TAMIAMI TRAIL, STE. D BONITA SPRINGS, FL 34134			Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition RIEMER, FRANK 4833 HAMPSHIRE CT #207 NAPLES, FL 34112		
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	,	() Change (X) Addition OYSTON JAMES 'SHIRE CT #305 L 34112	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:		()Change(X)Addition IT, JOSEPH ISHIRE CT #107 L 34112	

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: ELI YOUNG PD 04/25/2003