

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000352

FILED
Apr 26, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 02-0557569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARNER, BRYAN J
886 110TH AVENUE NORTH, #7
NAPLES, FL 34108 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: TSD () Delete
Name: STOESE, MIKE
Address: 4863 HAMPSHIRE CT #102
City-St-Zip: NAPLES, FL 34112

Title: VPD () Delete
Name: NAKON, RICH
Address: 4853 HAMPSHIRE CT #105
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: BIRD, AUDREY
Address: 4863 HAMPSHIRE CT. #303
City-St-Zip: NAPLES, FL 34112

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: LYONS, ROBERT
Address: 4863 HAMPSHIRE COURT #203
City-St-Zip: NAPLES, FL 34112

Title: D () Change (X) Addition
Name: DECARLO, RITA
Address: 4853 HAMPSHIRE CT #202
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT LYONS

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date