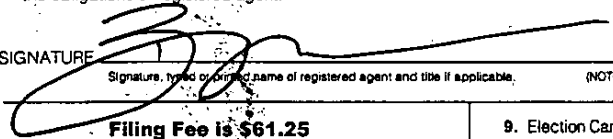
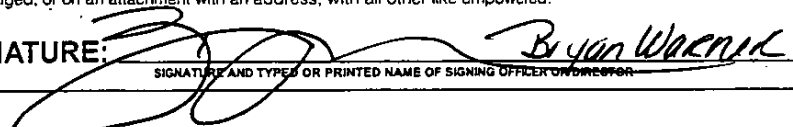


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90039 015 ****61.25

DOCUMENT # N02000000352					
1. Entity Name LAKE BARRINGTON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O THE WARNER CORP. 886 110TH AVENUE NORTH, #7 NAPLES, FL 34108			Mailing Address C/O THE WARNER CORP. 886 110TH AVENUE NORTH, #7 NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0557569	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARNER, BRYAN J 886 110TH AVENUE NORTH, #7 NAPLES, FL 34108			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  4/11/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TSD	☒ Delete	TITLE	*P	☐ Change ☒ Addition
NAME	STOESS, MIKE		NAME	DAVID CATRON	
STREET ADDRESS	4863 HAMPSHIRE CT #102		STREET ADDRESS	4874 HAMPSHIRE COURT #305	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VPD	☒ Delete	TITLE	Dir	☐ Change ☒ Addition
NAME	NAKON, RICH		NAME	NOLLY FARNUM	
STREET ADDRESS	4853 HAMPSHIRE CT #105		STREET ADDRESS	4883 HAMPSHIRE CT #107	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	NAPLES FL 34112	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LYONS, ROBERT		NAME		
STREET ADDRESS	4863 HAMPSHIRE COURT #203		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	TROGS	☐ Change ☒ Addition
NAME	DECARLO, RITA		NAME	PATRICIA RUTZLER	
STREET ADDRESS	4853 HAMPSHIRE CT #202		STREET ADDRESS	4853 HAMPSHIRE COURT #101	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	NAPLES FL 34112	
TITLE		☐ Delete	TITLE	Dir	☐ Change ☒ Addition
NAME			NAME	WAYNE ZIMMER	
STREET ADDRESS			STREET ADDRESS	4864 HAMPSHIRE COURT # 103	
CITY-ST-ZIP			CITY-ST-ZIP	NAPLES FL 34112	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 exemptions contained 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 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 like empowered.					
SIGNATURE:  4/11/08 239-591-1800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					