

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005714

FILED
Apr 29, 2004
Secretary of State

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

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 42-1559655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&P 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: ACRE, KEN T
Address: 28341 S. TAMiami TRAIL, SUITE D
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: STD () Delete
Name: LOFTUS, BRIAN
Address: 28341 S. TAMiami TRAIL, SUITE D
City-St-Zip: BONITA SPRINGS, FL 34134

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LACASSE, HOLLY
Address: 1091 SEAGRAPE DRIVE
City-St-Zip: MARCO ISLAND, FL 34145

Title: VPTD (X) Change () Addition
Name: CARDASCIA, CARL
Address: 4884 HAMPSHIRE CT #104
City-St-Zip: NAPLES, FL 34112

Title: SD (X) Change () Addition
Name: HAWTHORNE, CAROL
Address: 4874 HAMPSHIRE CT, #302
City-St-Zip: NAPLES, FL 34112

Title: D () Change (X) Addition
Name: LABELLE, JUDI
Address: 4883 HAMPSHIRE CT., #102
City-St-Zip: NAPLES, FL 34112

Title: D () Change (X) Addition
Name: REIGLE, JIM
Address: 4883 HAMPSHIRE CT. #207
City-St-Zip: NAPLES, FL 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: HOLLY LACASSE

PD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date