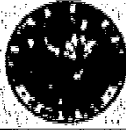


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **N37091 (8)**

1. Corporation Name
THE COLONIES AT BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

**R & P MANAGEMENT ASSOCIATES
265 S. AIRPORT ROAD
NAPLES FL 33942**

**R & P MANAGEMENT ASSOCIATES
265 S. AIRPORT ROAD
NAPLES FL 33942**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

APPROVED AND FILED

95 APR 26 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/12/1990** 3a. Date of Last Report **04/19/1994**

4. FEI Number **65-0188554** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

**R & P MANAGEMENT ASSOCIATES
265 AIRPORT RD S
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and fee if applicable.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLER, JIM	1.2 NAME	
STREET ADDRESS	595 MARDEL DR. #401	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, HOWARD	2.2 NAME	
STREET ADDRESS	721 MARDEL DR U-601	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, RUTH	3.2 NAME	DS
STREET ADDRESS	505 MARDEL ST. #102	3.3 STREET ADDRESS	STARKE, ROBERT
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	6811 Rumpfen Lane Nc NAPLES FL 33942
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, VINCENT	4.2 NAME	
STREET ADDRESS	721 MARDEL DR U608	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMMARRO, SILVESTRO	5.2 NAME	P
STREET ADDRESS	595 MARDEL DR U404	5.3 STREET ADDRESS	LaPore, Ed
CITY - ST - ZIP	SPRINGFIELD FL	5.4 CITY - ST - ZIP	703 MARDEL NAPLES FL 33942
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Scholer - JAMES SCHOLER - TREG. 4/19/95 P13-353-6880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime (Time #)