

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # *N 37091*
1. Corporation Name
The Colonies at Berkshire Lakes Condominium Association, Inc

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified *3/12/90* 3a. Date of Last Report *APR 95*
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 *4100 Corporate Sq #166* 26 *4100 Corporate Sq #166*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 *Naples FL* 27 *Naples FL*
City & State City & State
23 *33942* 28 *33942*
Zip Country Zip Country
24 *33942* 25 Country 29 *33942* 30 Country

9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent
81 Name *Newell, William*
82 Street Address (P.O. Box Number is Not Acceptable) *4100 Corporate Square #166*
83
84 City *Naples* FL 85 Zip Code *33942*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes
Signature: *[Signature]* DATE: *4/9/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	TITLE	Change Addition
NAME	<input type="checkbox"/>	11 TITLE	<input type="checkbox"/>
STREET ADDRESS	<input type="checkbox"/>	12 NAME	<input checked="" type="checkbox"/>
CITY - ST - ZIP	<input type="checkbox"/>	13 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	14 CITY - ST - ZIP	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	21 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	22 NAME	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	23 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	24 CITY - ST - ZIP	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	31 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	32 NAME	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	33 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	34 CITY - ST - ZIP	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	41 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	42 NAME	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	43 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	44 CITY - ST - ZIP	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	51 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	52 NAME	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	53 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	54 CITY - ST - ZIP	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	61 TITLE	<input type="checkbox"/>
	<input type="checkbox"/>	62 NAME	<input type="checkbox"/>
	<input type="checkbox"/>	63 STREET ADDRESS	<input type="checkbox"/>
	<input type="checkbox"/>	64 CITY - ST - ZIP	<input type="checkbox"/>

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 119.07(3)(k), 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: *[Signature]* DATE: *4/11/96*
JAMES SCHOLGER *SG 4-30-96*

CR2E037 (12/95)