

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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  
C/O NEWELL PROPERTY MGMT.  
~~4100 CORPORATE SQUARE #166~~  
~~NAPLES FL 33942~~

3. Date Incorporated or Qualified 03/12/1990  
3a. Date of Last Report 04/30/1996

21. Principal Place of Business  
~~4148A Corporate Square~~  
4148A Corporate Square  
22. City & State Naples FL  
23. Zip 34104 24. Country USA

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

9. Name and Address of Current Registered Agent  
NEWELL, WILLIAM  
C/O NEWELL PROPERTY MGMT.  
~~4100 CORPORATE SQUARE #100~~  
~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent  
81. Name Newell, William  
82. Street Address 4148A Corporate Square  
83. City Naples  
84. State FL 85. Zip 34104

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: *William Newell* WILLIAM NEWELL, MANAGER DATE: 3/20/97

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHOLER, JIM	
STREET ADDRESS	595 MARDEL DR. #401	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEPORE, ED	
STREET ADDRESS	703 MARDEL DR #505	
CITY-ST-ZIP	NAPLES FL	
TITLE	<del>DS</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>STARK, ROBERT</del>	
STREET ADDRESS	<del>6041 COMPTON LANE</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALSH, VINCENT	
STREET ADDRESS	721 MARDEL DR U608	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENOFF, SAMUEL	
STREET ADDRESS	529 MARDEL DR #311	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD Rankin, Stewart
3.3 STREET ADDRESS	529 Mar del Drive # 102
3.4 CITY-ST-ZIP	Naples FL 34104
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)