

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N37091 (8)**  
 1. Corporation Name  
**THE COLONIES AT BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O NEWELL PROPERTY MGMT. 4148 CORPORATE SQ NAPLES FL 34104 US</b>	Mailing Address <b>C/O NEWELL PROPERTY MGMT. 4148A CORPORATE SQ NAPLES FL 34104 US</b>	3. Date Incorporated or Qualified <b>03/12/1990</b>
		4. FEI Number <b>65-0188554</b>
		Applied For Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State <b>23</b>	City & State <b>28</b>	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip <b>24</b>	Country <b>25</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country <b>29</b>	Zip <b>30</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>NEWELL, WILLIAM</b> <b>4148 CORPORATE SQ</b> <b>NAPLES FL 34104</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SCHOLER, JIM</b> <b>595 MARDEL DR. #401</b> <b>NAPLES FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <del>LEPORE, ED</del> <del>703 MARDEL DR #505</del> <del>NAPLES FL</del>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>RANKIN, STEWART</b> <b>505 MARDEL DR 102</b> <b>NAPLES FL</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WALSH, VINCENT</b> <b>721 MARDEL DR U608</b> <b>NAPLES FL</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD</del> <del>BENOFF, SAMUEL</del> <del>529 MARDEL DR #311</del> <del>NAPLES FL</del>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

*Handwritten additions in Block 13:*  
 PD Mosser, James  
 595 Mardel Drive #402  
 Naples FL 34104  
 PD McIntyre, Jim  
 408 Mardel Drive #808  
 Naples FL 34104  
 PD Bishop, Frank  
 529 Mardel Drive #301  
 Naples FL 34104

14. I 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.

SIGNATURE: James B. McIntyre JAMES B. MCINTYRE 4/4/98 (941) 353-1267  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061220

CR2E037 (10/97)