, FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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THE COLONIES AT BERKSHIRE LAKES CONDOMINIUM ASSO

FILED May 18 1998 8:00am Secretary of State

CIATION, INC.												
Principal Place of Business					Mailing Address					T NEGOTIALI BERNIAN AND THE CONTROL AND		
C/O NEWELL PROPERTY MGMT.					C/O NEWELL PROPERTY MGMT.					3. Date Incorporated or Qualified	\neg	
4148 CORPORATE SO					4148A CORPORATE SQ					03/12/1990		
NAPLES FL 34104					NAPLES FL 34104 US					4. FEI Number Applied For	-	
us					03					65-0188554 Not Applicab	le	
2. Principal Place of Business					2a. Mailing Address 26					5. Certificate of Status Desired S8.75 Additional		
21										Fee Required	_	
22	Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
1	City & State				City & State					7. Is this nonprofit corporation a homeowners association?		
23					28					☑ Yes □ No		
	Zip	ip Country			Zip Count			8. This corporation owes or has paid the current year Intargible)		
24	25 25			29					Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent	_	
ł							81	81 Name				
NEWELL, WILLIAM 4148 CORPORATE SQ							82	Street	Addres	ss (P.O. Box Number is Not Acceptable)	\dashv	
NAPLES FL 34104							83	L <u>-</u>			\dashv	
								0:5			_	
1							84	City		FL 85 Zip Code	1	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a							OOVE	-named	corpoi		a	
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.											Į	
SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable (NOTE Registered Agent signature required when reinstating) DATE											-	
12. OFFICERS AND DI								ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				
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NA.	AME SCHOLER, JIM				1.2 N/							
ST	TREET ADDRESS 595 MARDEL DR. #401				· · ·			ADDRESS		[8		
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r nereby 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 informatio 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.