


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90048 005 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N37091

1. Corporation Name

THE COLONIES AT BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O NEWELL PROPERTY MGMT.
 4148 CORPORATE SQ
 NAPLES FL 34104
 US

Mailing Address

C/O NEWELL PROPERTY MGMT.
 4148A CORPORATE SQ
 NAPLES FL 34104
 US



| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 03/12/1990 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0188554 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 24 | | 29 | | 30 | |
| | | | | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

NEWELL, WILLIAM
4148 CORPORATE SQ
NAPLES FL 34104

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 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 | TD <input type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOSSER, JAMES | 2.2 NAME | |
| STREET ADDRESS | 595 MARDEL DR #402 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34104 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCINTYRE, JIM | 3.2 NAME | |
| STREET ADDRESS | 668 MARDEL DR #808 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34104 | 3.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WALSH, VINCENT | 4.2 NAME | Benoff, Samuel |
| STREET ADDRESS | 721 MARDEL DR L1608 | 4.3 STREET ADDRESS | 529 Mardel Drive #311 |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | Naples FL 34104 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BISHOP, FRANK | 5.2 NAME | |
| STREET ADDRESS | 529 MARDEL DR #301 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34104 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James Scholer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 (AM) 6043 4834

Date

Daytime Phone #

CR2E037 (1/98)