

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90084 041 \*\*\*\*61.25

**DOCUMENT # N37091**

1. Entity Name  
**THE COLONIES AT BERKSHIRE LAKES CONDOMINIUM ASSO**

Principal Place of Business <del>C/O NEWELL PROPERTY MGMT.</del> <del>4148 CORPORATE SQ</del> <del>NAPLES FL 34104</del> <del>US</del>	Mailing Address <del>C/O NEWELL PROPERTY MGMT.</del> <del>4148A CORPORATE SQ</del> <del>NAPLES FL 34104-4753</del> <del>US</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>C/O ROBERT HALL + ASSOC.</b> Suite, Apt. #, etc. <b>SUITE 201</b>	3. Mailing Address <b>1100 FIFTH AVE SO. 201</b> Suite, Apt. #, etc. <b>SUITE 201</b>
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City & State <b>NAPLES FL 34102</b>	City & State <b>NAPLES, FL.</b>
Zip <b>34102</b>	Country <b>U.S.</b>

4. FEI Number <b>65-0188554</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~NEWELL, WILLIAM~~  
~~4148 CORPORATE SQ~~  
~~NAPLES FL 34104~~

7. Name and Address of New Registered Agent

Name **ROBERT HALL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1100 FIFTH AVE SO. SUITE 201**  
 City **NAPLES** FL Zip Code **34102**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Robert M. Hall **ROBERT M. HALL** **4/7/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD</del> <del>SCHOLER, JIM</del> <del>595 MARDEL DR. #401</del> <del>NAPLES FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <del>MOSSER, JAMES</del> <del>595 MARDEL DR #402</del> <del>NAPLES FL 34104</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <del>MCINTYRE, JIM</del> <del>668 MARDEL DR #888</del> <del>NAPLES FL 34104</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>BENOFF, SAMUEL</del> <del>529 MARDEL DRIVE, #311</del> <del>NAPLES FL 34104</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BISHOP, FRANK</b> <b>529 MARDEL DR #301</b> <b>NAPLES FL 34104</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <b>Camardo, Silvestro</b> <b>595 Mar del Drive #404</b> <b>Naples FL 34104</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <b>Chirico, Joseph</b> <b>595 Mar del Drive #408</b> <b>Naples FL 34104</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>McIntyre, Jim</b> <b>668 Mar del Drive #808</b> <b>Naples FL 34104</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <b>Benoff, Samuel</b> <b>529 Mar del Drive #311</b> <b>Naples FL 34104</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** **4-13-00** **941 434 7600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)