

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

Mailing Address

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

~~C/O NEWELL PROPERTY MGMT.~~
~~4148A CORPORATE SQ~~
~~NAPLES FL 34104-4753~~
~~US~~

U S S S U S



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O ROBERT HALL + ASSOC.

1100 FIFTH AVE SO. 201

Suite, Apt. #, etc.
SUITE 201

Suite, Apt. #, etc.
SUITE 201

City & State
NAPLES FL 34102

City & State
NAPLES, FL.

4. FEI Number
65-0188554

Applied For
 Not Applicable

Zip
34102

Country
U.S.

Zip
34102

Country
U.S.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	<i>PD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Camardo, Silvestro</i>	
STREET ADDRESS	<i>595 Mar del Drive #404</i>	
CITY-ST-ZIP	<i>Naples FL 34104</i>	
TITLE	<i>PD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Chirico, Joseph</i>	
STREET ADDRESS	<i>595 Mar del Drive #408</i>	
CITY-ST-ZIP	<i>Naples FL 34104</i>	
TITLE	<i>SD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>McIntyre, Jim</i>	
STREET ADDRESS	<i>668 Mar del Drive #808</i>	
CITY-ST-ZIP	<i>Naples FL 34104</i>	
TITLE	<i>PD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Benoff, Samuel</i>	
STREET ADDRESS	<i>529 Mar del Drive #311</i>	
CITY-ST-ZIP	<i>Naples FL 34104</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

941 434 7600

Date Daytime Phone #

CR2E037 (9/99)