

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90053 047 \*\*\*\*61.25

0046086

**DOCUMENT # N37091**

1. Entity Name

**THE COLONIES AT BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~% ROBERT HALL & ASSO. CO.  
 SUITE 201  
 NAPLES FL 34102  
 US~~

~~1100 FIFTH AVE SO 201  
 SUITE 201  
 NAPLES FL 34102  
 US~~

*ANCHOR ASSOC INC*

*ANCHOR ASSOC INC*

2. Principal Place of Business

3. Mailing Address

*4100 CORPORATE SQ*

*4100 CORPORATE SQ*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*105*

*105*

City & State

City & State

*NAPLES FL*

*NAPLES FL*

Zip

Country

Zip

Country

*34104*

*USA*

*34112*

*USA*

4. FEI Number

*65-0188554*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HALL, ROBERT  
 1100 FIFTH AVE SO SUITE 201  
 NAPLES FL 34102~~

Name *JAMES LAVINSKI*

Street Address (P.O. Box Number is Not Acceptable)  
*4100 CORPORATE SQ #105*

City *NAPLES* FL Zip Code *34104*

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 *James Lavinski, Assn Mgr*

*3/1/02*

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHIRICO, JOSEPH</b>	
STREET ADDRESS	<b>595 MARDEL DR #408</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>MCINTYRE, JIM</b>	
STREET ADDRESS	<b>668 MARDEL DR #808</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BENOFF, SAMUEL</b>	
STREET ADDRESS	<b>529 MARDEL DRIVE, #311</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BISHOP, FRANK</b>	
STREET ADDRESS	<b>529 MARDEL DR #301</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARTMAN, MARTY</b>	
STREET ADDRESS	<b>668 MANDEL DR. #805</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD</b>	
STREET ADDRESS	<b>JEAN DOBOS</b>	
CITY-ST-ZIP	<b>648 MARDEL DRIVE #707</b>	
	<b>NAPLES, FL 34104</b>	

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: *SIGNATURES REQUIRED JAMES MCINTYRE 3/5/02 9416496357*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)