

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90068 021 ****61.25

DOCUMENT # N37091
 1. Entity Name
THE COLONIES AT BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3940 RADIO RD
#111
NAPLES, FL 34104 US

Mailing Address
3940 RADIO RD
#111
NAPLES, FL 34104 US

40024356



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0188554

Applied For
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent
LAVINSKI, JAMES
3940 RADIO RD #111
NAPLES, FL 34104

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OSBOURNE, FRANK	
STREET ADDRESS	517 MARDEL DR #208	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENOFF, SAMUEL	
STREET ADDRESS	529 MARDEL DRIVE, #311	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	LANCASTER, DOROTHY	
STREET ADDRESS	505 MARDEL DR #107	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARTMAN, MARTY	
STREET ADDRESS	668 MANDEL DR. #805	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTYRE, TOM	
STREET ADDRESS	703 MARDEL DR 507	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Chapter 119, 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: *M.R. Hartman* **M.R. HARTMAN, PRES.** **2-23-07** **239-352-0672**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #