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FILED
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
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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

03/12/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0188554

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWELL, WILLIAM
4148 CORPORATE SQ
NAPLES FL 34104

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 ☐ DELETE
NAME **TD SCHOLER, JIM**
STREET ADDRESS **595 MARDEL DR. #401**
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **PD MOSSER, JAMES**
STREET ADDRESS **595 MARDEL DR. #402**
CITY-ST-ZIP **NAPLES FL 34104**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **SD MCINTYRE, JIM**
STREET ADDRESS **668 MARDEL DR. #808**
CITY-ST-ZIP **NAPLES FL 34104**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **VD WALSH, VINCENT**
STREET ADDRESS **721 MARDEL DR. #608**
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME **D BISHOP, FRANK**
STREET ADDRESS **529 MARDEL DR. #301**
CITY-ST-ZIP **NAPLES FL 34104**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 Bishop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99 (AM) 6043 4834

CR2E037 (11/98)