

2002 UNIFORM BUSINESS REPORT (UBR)

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

0048085

DOCUMENT # N37091

1. Entity Name

THE COLONIES AT BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

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

Principal Place of Business

Mailing Address

~~% ROBERT HALL & ASSCO.~~
~~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

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, Assoc MGR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	CHIRICO, JOSEPH	
STREET ADDRESS	595 MARDEL DR #408	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCINTYRE, JIM	
STREET ADDRESS	668 MARDEL DR #808	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	PD	<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	D	<input type="checkbox"/> Delete
NAME	HARTMAN, MARTY	
STREET ADDRESS	668 MANDEL DR. #805	
CITY-ST-ZIP	NAPLES FL 34104	
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	TD	<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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN DOBOS	
STREET ADDRESS	648 MARDEL DRIVE #707	
CITY-ST-ZIP	NAPLES, FL 34104	

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:

JAMES MCINTYRE **3/5/02** **941 649 6357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)