

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37091

**FILED  
Apr 20, 2017  
Secretary of State  
CC3869979856**

**Entity Name:** THE COLONIES AT BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ANCHOR ASSOCIATES INC  
3940 RADIO RD, STE 112  
NAPLES, FL 34104

**Current Mailing Address:**

ANCHOR ASSOCIATES INC  
3940 RADIO RD, STE 112  
NAPLES, FL 34104 US

**FEI Number: 65-0188554**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ANCHOR ASSOCIATES, INC  
ANCHOR ASSOCIATES INC  
3940 RADIO RD, STE 112  
NAPLES, FL 34104 US

*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: RICK HART**

**04/20/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           MCINTYRE, TOM  
Address        ANCHOR ASSOCIATES INC  
                  3940 RADIO RD, STE 112  
City-State-Zip: NAPLES FL 34104

Title           VP  
Name           DILorenzo, ROCKY  
Address        ANCHOR ASSOCIATES INC  
                  3940 RADIO RD, STE 112  
City-State-Zip: NAPLES FL 34104

Title           DIRECTOR  
Name           RUSSO, MARTY  
Address        ANCHOR ASSOCIATES INC  
                  3940 RADIO RD, STE 112  
City-State-Zip: NAPLES FL 34104

Title           SECRETARY  
Name           EARLES, PATRICIA  
Address        ANCHOR ASSOCIATES INC  
                  3940 RADIO RD, STE 112  
City-State-Zip: NAPLES FL 34104

Title           TREASURER  
Name           ARGENBRIGHT, BEVERLY  
Address        ANCHOR ASSOCIATES INC  
                  3940 RADIO RD, STE 112  
City-State-Zip: NAPLES FL 34104

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TOM MCINTYRE**

**PRESIDENT**

**04/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date