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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001282 (1)

1. Corporation Name

BRI PARK COLONY-WOODLAND-II, INC.

Principal Place of Business

Mailing Address

C/O THE BERKSHIRE GROUP - ATTN: LEGAL DEPT
470 ATLANTIC AVENUE
BOSTON MA 02210

C/O THE BERKSHIRE GROUP - ATTN: LEGAL DEPT
470 ATLANTIC AVENUE
BOSTON MA 02210-2208

3. Date Incorporated or Qualified
03/17/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 65 0568451

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of 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	PD	<input type="checkbox"/> DELETE
NAME	GERBER, LAURENCE	
STREET ADDRESS	470 ATLANTIC AVENUE	
CITY - ST - ZIP	BOSTON MA 02210	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MARSHALL, DAVID F	
STREET ADDRESS	470 ATLANTIC AVENUE	
CITY - ST - ZIP	BOSTON MA 02210	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MOSKOWITZ, DAVID	
STREET ADDRESS	470 ATLANTIC AVENUE	
CITY - ST - ZIP	BOSTON MA 02210	
TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	KRUPP, GEORGE	
STREET ADDRESS	470 ATLANTIC AVENUE	
CITY - ST - ZIP	BOSTON MA 02210	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SPELFOGEL, SCOTT D	
STREET ADDRESS	470 ATLANTIC AVENUE	
CITY - ST - ZIP	BOSTON MA 02210	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	PRITCHARD, MARIANNE	
STREET ADDRESS	470 ATLANTIC AVENUE	
CITY - ST - ZIP	BOSTON MA 02210	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRED LAURO	
4.3 STREET ADDRESS	470 ATLANTIC AVENUE	
4.4 CITY - ST - ZIP	BOSTON MA 02210	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fred Lauro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED LAURO
ACT TREASURER

APR 22 1997

Date

Daytime Phone #

0000700

CR2E034 (9/96)