FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **N30469** **(3)**

1. Corporation Name

THE COACH HOMES OF BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%NEWELL PROPERTY MGMT 4100 CORPORATE SQUARE #166 NAPLES FL 33942 US	%NEWELL PROPERTY MGMT 4100 CORPORATE SQUARE #166 NAPLES FL 33942 US

3. Date Incorporated or Qualified: 02/08/1989
3a. Date of Last Report: 04/12/1994
4. FEI Number: 65-0180332 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

NEWELL, WILLIAM
4100 CORPORATE SQUARE #166
NAPLES FL 33942

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	PD ☐ Change ☑ Addition
NAME	~~MASSEY, BRIAN~~	1.2 NAME	Bagliarducci, Tony
STREET ADDRESS	~~15 BENNINGTON DRIVE #1~~	1.3 STREET ADDRESS	190 Bennington Dr #7
CITY-ST-ZIP	~~NAPLES FL~~	1.4 CITY-ST-ZIP	Naples FL 33942
TITLE	~~D~~	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	~~CAPERTON, DOUG~~	2.2 NAME	Giannone, Nicholas
STREET ADDRESS	~~46 BENNINGTON DR #4~~	2.3 STREET ADDRESS	142 Bennington Dr #4
CITY-ST-ZIP	~~NAPLES FL~~	2.4 CITY-ST-ZIP	Naples FL 33942
TITLE	~~VD~~	3.1 TITLE	STD ☐ Change ☑ Addition
NAME	~~PATTON, GEROLD~~	3.2 NAME	Berton, Beverley
STREET ADDRESS	~~47 BENNINGTON DR #5~~	3.3 STREET ADDRESS	191 Bennington Dr #8
CITY-ST-ZIP	~~NAPLES FL~~	3.4 CITY-ST-ZIP	Naples FL 33942
TITLE	~~STD~~	4.1 TITLE	D ☐ Change ☑ Addition
NAME	~~MAHER, ROBERT~~	4.2 NAME	Read, Ron
STREET ADDRESS	~~7275 ASCOT COURT #5~~	4.3 STREET ADDRESS	7275 Ascot Ct #2
CITY-ST-ZIP	~~NAPLES FL~~	4.4 CITY-ST-ZIP	Naples FL 33942
TITLE	~~D~~	5.1 TITLE	D ☐ Change ☑ Addition
NAME	~~GIANNONE, NICHOLAS~~	5.2 NAME	Flemwell, Jack
STREET ADDRESS	~~142 BENNINGTON DR #4~~	5.3 STREET ADDRESS	110 Bennington Dr #4
CITY-ST-ZIP	~~NAPLES FL~~	5.4 CITY-ST-ZIP	Naples FL 33942
TITLE	~~M~~	6.1 TITLE	☐ Change ☐ Addition
NAME	~~NEWELL, WILLIAM~~	6.2 NAME	
STREET ADDRESS	~~4100 CORPORATE SQUARE #166~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~NAPLES FL~~	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-1-95 8136434884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Anthony Bagliarducci

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