FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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 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 _____ 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~~	☑ DELETE	1.1 TITLE	P/D	☐ Change ☑ Addition
NAME	~~GAGLIARDUCCI, TONY~~		1.2 NAME	Stade, Peter	
STREET ADDRESS	~~191 BENNINGTON DR., STE. 7~~		1.3 STREET ADDRESS	110 Bennington Drive # 7	
CITY-ST-ZIP	~~NAPLES FL~~		1.4 CITY-ST-ZIP	Naples FL 33942	
TITLE	~~VD~~	☑ DELETE	2.1 TITLE	V/D	☐ Change ☑ Addition
NAME	~~GIANNONE, NICHOLAS~~		2.2 NAME	Torkildsen, Ed	
STREET ADDRESS	~~142 BENNINGTON DR., STE. 4~~		2.3 STREET ADDRESS	174 Bennington Drive #1	
CITY-ST-ZIP	~~NAPLES FL~~		2.4 CITY-ST-ZIP	Naples FL 33942	
TITLE	~~STD~~	☑ DELETE	3.1 TITLE	V/D	☐ Change ☑ Addition
NAME	~~BERTRON, BEVERLY~~		3.2 NAME	Read, Ron	
STREET ADDRESS	~~191 BENNINGTON DR., STE. 8~~		3.3 STREET ADDRESS	7275 Ascot Court #2	
CITY-ST-ZIP	~~NAPLES FL~~		3.4 CITY-ST-ZIP	Naples FL 33942	
TITLE	~~D~~	☑ DELETE	4.1 TITLE	D/D	☐ Change ☑ Addition
NAME	~~READ, RON~~		4.2 NAME	Friar, Jule	
STREET ADDRESS	~~7275 CISCOT CT., STE. 2~~		4.3 STREET ADDRESS	206 Bennington Drive #5	
CITY-ST-ZIP	~~NAPLES FL~~		4.4 CITY-ST-ZIP	Naples FL 33942	
TITLE	~~D~~	☐ DELETE	5.1 TITLE	T/D	☐ Change ☑ Addition
NAME	~~HEMWALL, JACK~~		5.2 NAME	Longaro, Al	
STREET ADDRESS	~~110 BENNINGTON DR., STE. 4~~		5.3 STREET ADDRESS	78 Bennington Drive #6	
CITY-ST-ZIP	~~NAPLES FL~~		5.4 CITY-ST-ZIP	Naples FL 33942	
TITLE	~~M~~	☑ DELETE	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		

CR2E037 (12/95)

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)(k), 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: X Jule F. Friar 4/5/96 353-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #