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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 34104-4713 US

3. Date Incorporated or Qualified: 02/08/1989	3a. Date of Last Report: 04/26/1996
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	

1a. Principal Place of Business	2a. Mailing Address
4148A Corporate Square	4148A Ciporate Square
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Naples FL	28 City & State: Naples FL
24 Zip: 34104 25 Country: USA	29 Zip: 34104 30 Country: USA

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: Newell, William
82 Street Address (P.O. Box Number is Not Acceptable): 4148A Corporate Square
83
84 City: Naples FL 85 Zip Code: 34104

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: William Newell MANAGER — 3/20/97
Signature, 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~~	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	~~STADE, PETER~~		1.2 NAME	Hemyall, Jack	
STREET ADDRESS	~~410 BENNINGTON DRIVE #7~~		1.3 STREET ADDRESS	410 Bennington Drive #4	
CITY-ST-ZIP	~~NAPLES FL~~		1.4 CITY-ST-ZIP	Naples FL 34104	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TORKILDSEN, ED		2.2 NAME		
STREET ADDRESS	174 BENNINGTON DRIVE #1		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	~~VD~~	☑ DELETE	3.1 TITLE	VD	☐ Change ☑ Addition
NAME	~~READ, RON~~		3.2 NAME	Steele, Peter	
STREET ADDRESS	~~7675 ASCOT COURT #2~~		3.3 STREET ADDRESS	7675 Ascot Ct #2	
CITY-ST-ZIP	~~NAPLES FL~~		3.4 CITY-ST-ZIP	Naples FL 34104	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRAIR, JULE		4.2 NAME		
STREET ADDRESS	206 BENNINGTON DRIVE #5		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	~~ID~~	☑ DELETE	5.1 TITLE	PD	☐ Change ☑ Addition
NAME	~~LONGARO, AL~~		5.2 NAME	McCarthy, Joseph	
STREET ADDRESS	~~76 BENNINGTON DRIVE #6~~		5.3 STREET ADDRESS	7304 Ascot Court #4	
CITY-ST-ZIP	~~NAPLES FL~~		5.4 CITY-ST-ZIP	Naples FL 34104	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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