FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N30469

(3)

THE COACH HOMES OF BERKSHIRE LAKES CONDOMINIUM A SSOCIATION, INC.

					t i de ville i de la ligita de l	AL BARRA BERALA KERALA BERALA BERALA KRAMA	
Principal Place of Business Mailing Address					I IDERINGI 1996 HATH OCTAR BYRKE BYRIE IDDY BYRDIK BYRDIK BYRDIK GIDDI) BYRDIK BYRDIK BYRDIK		
NNEWELL PROPERTY MGMT NNEWELL PROPERTY MGMT					3. Date Incorporated or Qualified		
4148A CORP		4148A CORPORATE			02/08/1989		
NAPLES FL 3	94104	NAPLES FL 34104			4. FEI Number	Applied For	
US		US			65-0180332	Not Applicable	
2. Principal	Place of Business	2a. Mailing Addre	ss			\$8.75 Additional	
21		26			5. Certificate of Status Desired	Fee Required	
Suite, Ap	t. #, etc.	Suite, Apt. #, 6	etc.		Election Campaign Financing	\$5.00 May Be	
22		27	11		Trust Fund Contribution	Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?		
23		28			Yes	☐ No	
Zip	Country	Zip	Cour	try	8. This corporation owes or has paid the		
24	25] 9. Name and Address of Cu	29	30		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No	
	s. Name and Address of Cu	Hell Ledisteled Whell		31 Name	10. Name and Address of New Negister	an våeur	
ANTART	I LAMIAIAA						
NEWELL, WILLIAM				2 Street Address (P.O. Box Number is Not Acceptable)			
4148A CORPORATE SQ NAPLES FL 34104				33			
NAPLES PL 34104			į.				
			[4	City	•	85 Zip Code	
11. Pursuan	t to the provisions of Sections 617.	0502 and 617.1508. Florida	Statutes the at-	ove-named core			
office or	registered agent, or both, in the S	state of Florida. Such chang	e was authorized	by the corporal	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered	
		oligations of, Section 617.0	303, Florida Statu	ies.			
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable	(NOTE: Registered	Agent signature requi	red when reinstating) DAT	E	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	- PD	☐ DELI	ETE 1.1 TITL	E A	· 11 Class	Change Addition	
NAME	-TLEMWALL, JACK	-	1.2 NAM	· 11/1	emwalli tack	n.d	
STREET ADDRESS		-	1.3 STR	EET ADDRESS	o Bennington Im	#4	
CITY-ST-ZIP	-NAPLES PL			-ST-ZIP	aples FC 34104		
TITLE	40	™ DELI		13.4	D , D , D	Change Addition	
NAME	TORKILDSEN, ED		2.2 NAN	·	ertuon Devenly	0	
STREET ADDRESS		71-	1	EET ADDRESS 19	li Bennington Ur	#8	
CITY-ST-ZIP	NAPLES FL	I.J DELI		Y-ST-ZIP N	aples, Fr. 34104	Change Addition	
TITLE NAME	40-	UCLI Y	ETE 3.1 TITL 3.2 NAM	ið l		The results The vention	
NAME STREET ADDRESS	STEELE, PETER — 7338-ASOOT CT 2			EET ADDRESS 5	ullivan Donothy	it 1	
CITY-ST-ZIP	NAPLES FL	,		Y-ST-ZIP Z	ob Bennington Dr.	#1	
TITLE	-SD-	TV DELI			9 PIES, FI. 3 4104	Change Addition	
NAME	FRAIR, JULE	<u></u> 522.	4, 2 NA	1.76	Dance Danotto		
STREET ADDRESS		75		EET ADDRESS	obelae Hille III	+2	
CITY-ST-ZIP	NAPLES FL			-ST-ZIP	SUBJECT CHILDY	•	
TITLE	JD	☐ DELI		1 1		Change Addition	
NAME	MCCARTHY, JOSEPH	-	5.2 NAV	` V J	Transhu (boseph		
STREET ADDRESS				EET ADDRESS 7	256 ALY, OF	#4	
CITY-ST-ZIP	-NAPLES FL			-ST-ZIP	COTES TO 34104	• 1	
TITLE	<u> </u>	DELL			<u> </u>	Change Addition	
NAME	1		6.2 NAV	ie			

14. I 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Donothy Sullivan

FILED

May 18 1998 8:00am

Secretary of State

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