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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30469

1. Corporation Name
THE COACH HOMES OF BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business NEWELL PROPERTY MGMT 4148A CORPORATE SO NAPLES FL 34104 US	Mailing Address NEWELL PROPERTY MGMT 4148A CORPORATE SO NAPLES FL 34104 US
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2. Principal Place of Business 21 C/O R+P PROPERTY MGMT	2a. Mailing Address 26 C/O R+P Prop. Mgmt	3. Date Incorporated or Qualified 02/03/1989
Suite, Apt. #, etc. 22 265 AIRPORT RD S.	Suite, Apt. #, etc. 27 265 AIRPORT RD S.	4. FEI Number 65-0180332
City & State 23 NAPLES FL	City & State 28 NAPLES FL	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip 24 34104	Country 25 Collier	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Country 29 34104	Country 30 Collier	

9. Name and Address of Current Registered Agent NEWELL, WILLIAM 4148A CORPORATE SO NAPLES FL 34104	10. Name and Address of New Registered Agent 81 Name R+P PROPERTY MGMT 82 Street Address (P.O. Box Number is Not Acceptable) 265 AIRPORT RD S. 83 84 City NAPLES FL 34104 FL 85 Zip Code 34104
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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: *Donna Cant* DATE: *4/13/99*
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	PD ☐ Change ☒ Addition
NAME	HEMWALL, JACK	1.2 NAME	Edward TorKildsen
STREET ADDRESS	110 BENNINGTON DR 4	1.3 STREET ADDRESS	174 Bennington Drive #1
CITY-ST-ZIP	NAPLES FL 34104	1.4 CITY-ST-ZIP	Naples, FL 34104
TITLE	VD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BERTRON, BEVERLY	2.2 NAME	
STREET ADDRESS	191 BENNINGTON DR #8	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	SULLIVAN, DOROTHY	3.2 NAME	Annette Roberson
STREET ADDRESS	206 BENNINGTON DR #1	3.3 STREET ADDRESS	191 Bennington Drive #2
CITY-ST-ZIP	NAPLES FL 34104	3.4 CITY-ST-ZIP	Naples, FL 34104
TITLE	TD ☐ DELETE	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	ROBERGE, ANNETTE	4.2 NAME	Dorothy Sullivan
STREET ADDRESS	191 BENNINGTON DR #2	4.3 STREET ADDRESS	206 Bennington Drive #1
CITY-ST-ZIP	NAPLES FL 34104	4.4 CITY-ST-ZIP	Naples, FL 34104
TITLE	VD ☐ DELETE	5.1 TITLE	TD ☒ Change ☐ Addition
NAME	MCCARTHY, JOSEPH	5.2 NAME	Joseph McCarthy
STREET ADDRESS	7306 ASCOT COURT 4	5.3 STREET ADDRESS	7306 Ascot Court #4
CITY-ST-ZIP	NAPLES FL 34104	5.4 CITY-ST-ZIP	Naples, FL
TITLE	☐ DELETE	6.1 TITLE	TD ☐ Change ☒ Addition
NAME		6.2 NAME	Mary Dobbs
STREET ADDRESS		6.3 STREET ADDRESS	191 Bennington Drive #6
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples, FL 34104

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, with a 1 other like empowered.

SIGNATURE: *Donna Cant* DATE: *4/21/99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)