

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90068 021 ****61.25

DOCUMENT # N37091
 1. Entity Name
THE COLONIES AT BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3940 RADIO RD
#111
NAPLES, FL 34104 US

Mailing Address
3940 RADIO RD
#111
NAPLES, FL 34104 US

40024356



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0188554

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LAVINSKI, JAMES
3940 RADIO RD #111
NAPLES, FL 34104

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **OSBOURNE, FRANK**
 STREET ADDRESS **517 MARDEL DR #208**
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **BENOFF, SAMUEL**
 STREET ADDRESS **529 MARDEL DRIVE, #311**
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TSD** Delete
 NAME **LANCASTER, DOROTHY**
 STREET ADDRESS **505 MARDEL DR #107**
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **HARTMAN, MARTY**
 STREET ADDRESS **668 MANDEL DR. #805**
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCINTYRE, TOM**
 STREET ADDRESS **703 MARDEL DR 507**
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.R. Hartman **M.R. HARTMAN, PRES.** 2-23-07 239-352-0672
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #