

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90053 025 \*\*\*\*61.25

**DOCUMENT # N97000000440**

1. Entity Name

**BERKSHIRE LANDINGS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

665 MARDEL CT  
#203  
NAPLES FL 34104  
US

Mailing Address

665 MARDEL CT  
#203  
NAPLES FL 34104  
US

2. Principal Place of Business

635 Mardel Ct  
Suite, Apt. #, etc.  
#205

3. Mailing Address

635 Mardel Ct  
Suite, Apt. #, etc.  
#205

City & State

Naples, FL

City & State

Naples, FL

Zip  
34104-8812

Country  
US

Zip  
34104-8812

Country  
US

1st MOORE CR2E037 (10/05)

4. FEI Number

59-3425806

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~CRIST, NICOLE~~  
5455 JAEGER RD.  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name  
Saldarini Accounting Keri Wall  
Street Address (P.O. Box Number is Not Acceptable)

City

JAME

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

Keri Wall

1-26-06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE D ☐ Delete  
NAME SCANDIFFIO, GENEVIEVE  
STREET ADDRESS 635 MARDEL CT #205  
CITY-ST-ZIP NAPLES FL 34104 - 8812

TITLE D ☒ Delete  
NAME BRITTES, ANNA  
STREET ADDRESS 635 MARDEL CT  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☐ Addition  
NAME JAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☒ Change ☐ Addition  
NAME Susan Kuehne  
STREET ADDRESS 635 MARDEL CT #104  
CITY-ST-ZIP Naples, FL 34104-8812

TITLE Re-assure ☐ Change ☒ Addition  
NAME Keith Ora Day  
STREET ADDRESS 445 MARDEL CT #101  
CITY-ST-ZIP Naples, FL 34104-8812

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:

Genevieve Scandiffio 1-26-06 304-6877 (639)