

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State

04-21-2008 90054 033 ****61.25

DOCUMENT # N97000000440 1. Entity Name BERKSHIRE LANDINGS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 635 MARDEL CT #205 NAPLES FL 34104-8812 US			Mailing Address 635 MARDEL CT #205 NAPLES FL 34104-8812 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3425806	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SOLDAVINI ACCOUNTING KERI WALL 5455 JAEGER RD. NAPLES FL 34109				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if appropriate. (NOTE: This signed Agent sign in this field when re-registering)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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 NAME STREET ADDRESS CITY- ST- ZIP	P SCANDIFFIO, GENEVIEVE 635 MARDEL CT #205 NAPLES FL 34101-8812	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KUEHNE, SUSAN 635 MARDEL CT # 104 NAPLES FL 34104-8812	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T CRAFFEY, KEITH 665 MARDEL CT # 101 NAPLES FL 34104-8812	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T TANIA MILLER 605 MARDEL CT # 203 NAPLES, FL 34104-8812	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
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: <i>Genevieve Scandiffio</i> 5/16/08 (239) 304-0877 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					