

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 APR 26 AM 8:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N98000002011

1. Corporation Name THE SHORES AT BERKSHIRE LAKES MASTER HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business 123 N.W. 13TH STREET #300 BOCA RATON FL 33432 Mailing Address 123 N.W. 13TH STREET #300 BOCA RATON FL 33432



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/07/1998	
22	22. City & State	27	27. City & State	4	4. FEI Number	Applied For
	Zip		Country		65-0893684	Not Applicable
23	23. Zip	28	28. Country	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Country		Country		X	
24	24. Zip	29	29. Country	6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHAPIRO, DAVID 123 N.W. 13TH STREET #300 BOCA RATON FL 33432		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WOLFE, ROBERT	1.2 NAME	COBB, DAVID
STREET ADDRESS	123 N.W. 13TH STREET #300	1.3 STREET ADDRESS	123 N.W. 13TH ST. #300
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33432
TITLE	VSTD	2.1 TITLE	
NAME	SHAPIRO, DAVID	2.2 NAME	
STREET ADDRESS	123 N.W. 13TH STREET #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	KEY-BUXTON, WENDY	3.2 NAME	800002859338-8
STREET ADDRESS	123 N.W. 13TH STREET #300	3.3 STREET ADDRESS	-04/30/99--01140--018
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE *David Shapiro* DATE 4/19/99 DAYTIME PHONE # 561-391-4012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAVID SHAPIRO, VICE PRESIDENT

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