2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800002011 1. Entity Name THE SHORES AT BERKSHIRE LAKES MASTER HOMEOWNER'S					FILED 00 APR 25 AH 8: 27			
						 		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE	
City & State		City & State			4. FEI Number	65-0893684	<u> </u>	plied For ot Applicable
Zip Country		Zip	Country	Country		f Status Desired	\$8.75 Add	
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New Regist	ered Agent	
			Name					
SHAPIRO, DAVID 123 N.W. 13TH STREET #300				Street Address (P.O. Box Number is Not Acceptable)				
	TON FL 33432		City				Zip Code	
8. The above named entity submits this statement for the purpose of changing its regist								
SIGNATURE .	Signature, typed or printed name of registered agent an				.a20 	100032	J{J1154 <u>\</u>	מוח
	FILE NOW: FEE IS \$61.25	9. Election Campaign Financing \$5 Trust Fund Contribution. Ad		\$5.0 Added	.00 May Be ed to Fees Make Check Payable to Department of State			
10.	OFFICERS AND DIRE		11.		ADDITIONS/CHAP	NGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COBB, DAVID 123 N.W. 13TH STREET #300 BOCA RATON FL 33432	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	123	BB, DAVII	D H ST. #300 , FL 33432	☆ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SHAPIRO, DAVID 123 N.W. 13TH STREET #300 BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRU	·	OMAS	☐ Change	 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEY-BUXTON, WENDY 123 N.W. 13TH STREET #300 BOCA RATON FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEY 123) -BUXTON,	, WENDY H ST. #300	∑X Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empore, or on an attachment with an address, w	true and accurate and that maked the contract of the contract and the cont	v signature shall.	have the s	same legal effect a	as it made under oath:	that I am an officer	or director

MATURE RECDAVERGOOD, Vice President

Daytime Phone #

DIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: