

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/30/

FILED
May 26, 2004 8:00 am
Secretary of State

04-30-2004 90226 009 ***61.25

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DOCUMENT # N9800002011			
1. Entity Name THE SHORES AT BERKSHIRE LAKES MASTER HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 14001 LAKE MAHOGANY BLVD SUITE 2311 FT. MYERS, FL 33908		Mailing Address 14001 LAKE MAHOGANY BLVD SUITE 2311 FT. MYERS, FL 33908	
2. Principal Place of Business C/O PEGASUS		3. Mailing Address C/O PEGASUS	
Suite, Apt. #, etc. 17595-100 S. TAMiami TR.		Suite, Apt. #, etc. 17595-100 S. TAMiami TR.	
City & State FORT MYERS		City & State FORT MYERS	
Zip 33908	Country	Zip 33908	Country
4. FEI Number 65-0893684		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COUGHLIN, JAY 14001 LAKE MAHOGANY BLVD SUITE 2311 FT. MYERS, FL 33908		7. Name and Address of New Registered Agent Name THOMAS E. EATON Street Address (P.O. Box Number is Not Acceptable) C/O PEGASUS PROPERTY MGMT 17595-100 S. TAMiami TRAIL City FORT MYERS FL Zip Code 33908	
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: 5/21/2004 <small>Signature of the principal or registered agent and the fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D COBB, DAVID 14009 CLEARWATER LANE FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVE SERABIAN 7753 HAVERHILL CT NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEY-BUXTON, WENDY 14009 CLEARWATER LANE FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RENATO FERNANDEZ 7901 LEICESTER CT. NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNOW, TOM 7425 RADIO ROAD NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOU GROSSI 7932 LEICESTER CT NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDY ABRAMOWITZ 17812 MERIDAN CT NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY ROSENTHAL 7585-3 MEADOW LAKE DR NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY BRENNER 7559 BERKSHIRE PINE DR NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 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:		Date: 4/26/2004 Daytime Phone #: 239-474-8567	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	