

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002011

FILED
Apr 17, 2009
Secretary of State

Entity Name: THE SHORES AT BERKSHIRE LAKES MASTER HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0893684 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARROLL, GLENN A PRES
265 AIRPORT RD S
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CECE, LARRY
Address: 7834 STRATFORD DR
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: SAVAGE, JERALD
Address: ONE CABOT PLACE
City-St-Zip: STOUGHTON, MA 02072

Title: VPD () Delete
Name: MAGIE, DEBRAH
Address: 7555 BERKSHIRE PINES DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: COCCO, FRANK
Address: 7555 MEADOW LAKES DR #1
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: HAMMOND, DENNIS
Address: 7502 LOURDES CT
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: LAROSE, GRANT
Address: 7513 LOURDES CT
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY CECE

PD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date