


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90085 015 ****61.25

DOCUMENT # N98000002011

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



Principal Place of Business Mailing Address

**C/O PRIME MANAGEMENT
9400 GLADIOLUS DR., EUITE 100
FT. MYERS FL 33908**

**C/O PRIME MANAGEMENT
9400 GLADIOLUS DR., EUITE 100
FT. MYERS FL 33908**



2. Principal Place of Business 3. Mailing Address

14001 LAKE MAHOGANY BLVD **14001 LAKE MAHOGANY BLVD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

2311 **# 2311**

City & State City & State

FT. MYERS FL **FT. MYERS FL**

Zip Country Zip Country

33907 **USA** **33907** **USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**O'NEILL, DAVID
C/O PRIME MANAGEMENT
9400 GLADIOLUS DR., EUITE 100
FT. MYERS FL 33908**

7. Name and Address of New Registered Agent

Name: **JAY COUGHLIN**

14001 LAKE MAHOGANY BLVD.

2311

City **FT. MYERS** **FL** Zip Code **33907**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COBB, DAVID	
STREET ADDRESS	14009 CLEARWATER LANE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KEY-BUXTON, WENDY	
STREET ADDRESS	14009 CLEARWATER LANE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRUNOW, TOM	
STREET ADDRESS	7425 RADIO ROAD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY COUGHLIN	
STREET ADDRESS	14001 LAKE MAHOGANY BLVD # 2311	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCEL SAMPLES	
STREET ADDRESS	14001 LAKE MAHOGANY BLVD # 2311	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKIP DOWNING	
STREET ADDRESS	14001 LAKE MAHOGANY BLVD	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, or other like empowered.

SIGNATURE: **JAY COUGHLIN** 4/29/03 239-590-9099

CR2E037 (10/02)