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

## DOCUMENT # N98000002011

1. Entity Name

FT. MYERS FL 33908

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



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

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**FILED** 

May 02, 2003 8:00 am Secretary of State

Principal Place of Business
C/O PRIME MANAGEMENT
9400 GLADIOLUS DR.. EUITE 100

Mailing Address

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

							, 11 <b>0</b> 2 1882	
2. Principal Place of Business 1400 LAKE MAHOGANY BLVD		3. Mailing Address	NAHOGANY BU	T I HOOMER DID EREN IOTE COME COME COME COME COME COME COME FER THE FIRST HONE FROM				
Suite, Apt. #, etc		Suite, Apt. #, etc. # 2311	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State		4. FEI Number 65	5-0893684	App	lied For	
FTM	YERS FL	FT MYERS	FL			Not	Applicable	
Zip	Country USA	<sup>Zip</sup> 3.39.07	Country	5. Certificate of St	atus Desired	\$8.75 Addit Fee Required	ional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
		Name, JAY COUGHLIN						
O'NEILL, DAVID C/O PRIME MANAGEMENT 9400 GLADIOLUS DR., EUITE 100 FT. MYERS FL 33908			Chroat Address (DO Day Numb					
			14001 LAKE MAHOGANY BLVA.  # 2311  City FT. MY ERS FL ZID Code 33907					
								City FT. A
			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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE								
FILE NOW: FEE IS \$61.25  9. Election Cam Trust Fund Co				_ +, 20		Make Check Payable to		
v		Trust Fund Ci	Ontribution.	Added to Fees	Florida Depa	irtment of St	ate	
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	L ES TO OFFICERS AND D	DIRECTORS IN 1	0	
TITLE	D	Delete	TITLE PD				Addition	
NAME	COBB, DAVID	7	NAME TA	1 COUGHI	-11		'\	
STREET ADDRESS	14009 CLEARWATER LANE		STREET ADDRESS 140	NI LAKE N	1AHOGANY	BLUD #	73 []	
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP	- MYERS,	FL 33907			
TITLE	T	⊠ Delete	TITLE V	· · · · · · · · · · · · · · · · · · ·	•	☐ Change	Addition	
NAME	KEY-BUXTON, WENDY	•	NAME MA	ARCEL SAN	NPLES	o 41	23()	
STREET ADDRESS	14009 CLEARWATER LANE		STREET ADDRESS 14	SOI LAKE	MAHOGANY	シーヘン	11 (	
- CITY: ST: ZIP	FORT MYERS FL-33919		- UIY-SI-ZIP F-	- MYERS	FL-3390	<u> </u>		
TITLE	PD	. ✓ Dalata	TITLE <	^	• • •	Change	Addition	
NAME	DDINOW TON	Delete Delete	U 1.					
STREET ADDRESS	BRUNOW, TOM	Delete	NAME SK	IP DOIDNIA	16	· 0 · (A		
STREET ADDRESS CITY-ST-ZIP	7425 RADIO ROAD	Delete	NAME SK STREET ADDRESS (4.0	IP DOIDNIA	MAHOGAN	1 BLVA		
CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	IP DOIDNIA	16 , MAHOGAN; FL 3390	7	☐ Addition	
	7425 RADIO ROAD	□ Delete	NAME SK STREET ADDRESS (4.0	IP DOIDNIA	MAHOGAN) FL 3390	7	☐ Addition	
CITY-ST-ZIP TITLE	7425 RADIO ROAD		NAME STREET ADDRESS CITY-ST-ZIP  TITLE	IP DOIDNIA	MAHOGANY FL 3390	7	☐ Addition	
CITY-ST-ZIP TITLE NAME	7425 RADIO ROAD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  SX (14)	IP DOIDNIA	MAHOGANY FL 3390	7	☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	7425 RADIO ROAD	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	IP DOIDNIA	MAHOGANY FL 3390	Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	7425 RADIO ROAD		NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	IP DOIDNIA	MAHOGANY FL 3390	Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7425 RADIO ROAD	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	IP DOIDNIA	MAHOGANY FL 3390	Change		

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 of 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 oddress, a true of the receiver of trustee empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

STERECTAX COUGHLIN

☐ Defete

4/29/03

239-1590-9099

Change

☐ Addition

(20,01)