

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002011

FILED
Apr 16, 2018
Secretary of State
CC1382213688

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

Current Principal Place of Business:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 65-0893684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC
6736 LONE OAK BLVD
NAPLES, FL 34109 US

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: DENNIS LIVELY

04/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MASON, DELIA
Address C/O ABILITY MANAGEMENT
 6736 LONW OAK BLVD
City-State-Zip: NAPLES FL 34109

Title D
Name SMITH, MICHAEL
Address 7785 MERIDAN CT
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name MYRON, LINDA
Address 7525 LOURDES CT
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name NELSON, DOUG
Address C/O ABILITY MANAGEMENT
 6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title VP
Name LAROSE, JACK
Address 7513 LOURDES COURT
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name TAYLOR, RONALD
Address 7725 WOODBROOK CIR
 #2
City-State-Zip: NAPLES FL 34104

I hereby 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 all other like empowered.

SIGNATURE: DELIA MASON

PRESIDENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date