

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002011

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC3992710015**

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

**Current Principal Place of Business:**

7845 BERKSHIRE PINES DRIVE  
NAPLES, FL 34101

**Current Mailing Address:**

7845 BERKSHIRE PINES DRIVE  
NAPLES, FL 34101 US

**FEI Number: 65-0893684**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVIS & ASSOCIATES, CPA'S  
28901 TRAILS EDGE BLVD. SUITE 205  
BONITA SPRINGS, FL 34134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BERKE, RONALD  
Address        7845 BERKSHIRE PINES DRIVE  
City-State-Zip: NAPLES FL 34101

Title            VP  
Name            GUALTIERI, MARLENE  
Address        7845 BERKSHIRE PINES DRIVE  
City-State-Zip: NAPLES FL 34101

Title            TREASURER  
Name            KRAFT, DONALD  
Address        7845 BERKSHIRE PINES DRIVE  
City-State-Zip: NAPLES FL 34101

Title            SECRETARY  
Name            MARTIN, JAN  
Address        7845 BERKSHIRE PINES DRIVE  
City-State-Zip: NAPLES FL 34101

Title            DIRECTOR  
Name            MARLIN, SCOT  
Address        7845 BERKSHIRE PINES DRIVE  
City-State-Zip: NAPLES FL 34101

Title            DIRECTOR  
Name            GRAF, ERNEST  
Address        7845 BERKSHIRE PINES DRIVE  
City-State-Zip: NAPLES FL 34101

*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: DONALD KRAFT**

**TREASURER**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date