

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002011

**FILED**  
**Apr 15, 2019**  
**Secretary of State**  
**0084544871CC**

**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**

**04/15/2019**

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            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

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

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

*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**

**04/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date