## N24581

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	-				
Special Instructions to Filing Officer:					

Office Use Only



200090574212

03/07/07--01019--014 \*\*35.00 (

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BERKSHIRE LAKES MASTER ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: N24581
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RAE ANN PATTON (Name of Contact Person)
BERKSHIRE LAKES MASTER ASSOCIATION (Firm/Company)
495-BEWILLE BLVD. (Address)
NAPLES, F. 34104 (City/State and Zip Code)
For further information concerning this matter, please call:
RAE ANN PATTON (Name of Contact Person)  at (239) 353-7633 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the pr	ovisions of sections 607.0502,	617.0502, 607.1508, or 617.1508, Florida	Statutes, this
statement of chang	ge is submitted for a corporati	on organized under the laws of the State of	FLORIDA
in order	to change its registered office	or registered agent, or both, in the State of I	Florida.
		HRE LAKES MASTER ASSOCI	
2. The principal of	frice address: 7/3/06	ELTICLE I) LVD. IV/IVES, PC	234104
·			·
3. The mailing add	dress (if different):		
4. Date of incorpo	ration/qualification: 01/2	9/1988 Document number: <u>// 2</u>	4581
5. The name and s Florida Departn		gistered agent and registered office on file w	ith the
_	JOHNSON, 1	HENRY P.P.A.	
_	6640-W	HENRY P.P.A. WOW PARK DRIVE	<del></del>
_	WAPLES, FL		: 
_			-ALE -ALE -ALE
6. The name and s (if changed):	_	ered agent (if changed) and /or registered of	TICENT TO THE TOTAL TOTA
_	RAE ANN PA	ATTON, PRESIDENT BLM.	ARY O
_	495-BELL	lILE BLYD.	PH 4:
	(P.O. Box NOT	(acceptable)	
_	NAPLES, I	FL 34104	— Oi — Oi — — — — — — — — — — — — — — —
The street address as changed will be	s of its registered office and the identical.	he street address of the business office of i	its registered agent,
Such change was authorized by the	authorized by resolution duly board, on the corporation has	y adopted by its board of directors or by are been notified in writing of the change.	n officer so
_ Ruter	t Superello	ROBERT LUPARE	us V.P.
I hereby accept th I further agree to of my duties, and document is being corporation has b	or an once if unecory  ne appointment as registered a  comply with the provisions of  I am familiar with and accept  filed merely to reflect a chan  beep notified in writing of this	agent and agree to act in this capacity.  f all statutes relative to the proper and continue the obligation of my position as registered office address, I here is change.	mplete performance ed agent. Or, if this by confirm that the
Car Pex!	Valler	3-207	
(Signa	sture of Registered Agent)	(Date)	·
If signing on beha	alf of an entity:		
RAE ANN	PATTON		
	ed or Printed Name)	•	*

\* \* \* FILING FEE: \$35.00 \* \* \*