

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90022 015 \*\*\*\*61.25

**DOCUMENT # N24581**

1. Entity Name  
**BERKSHIRE LAKES MASTER ASSOCIATION, INC.**



Principal Place of Business  
**495 BELVILLE BLVD.  
NAPLES, FL 34104 US**

Mailing Address  
**495 BELVILLE BLVD.  
NAPLES, FL 34104 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0044550**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PATTON, RAE ANN  
495 BELVILLE BLVD.  
NAPLES, FL 34104**

**7. Name and Address of New Registered Agent**

Name **ROBERT LUPARELLO**

Street Address (P.O. Box Number is Not Acceptable)  
**495-BELVILLE BLVD.**

City **NAPLES**

FL

Zip Code **34104**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **VPD** ☐ Delete  
NAME **LUPARELLO, ROBERT**  
STREET ADDRESS **628 LAMBTON LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☐ Delete  
NAME **MARO, TONY**  
STREET ADDRESS **267 LAMBTON LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☒ Delete  
NAME **SCHUDEL, BETTY**  
STREET ADDRESS **6644 VANCOUVER LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **PD** ☐ Delete  
NAME **PATTEN, RAEANN**  
STREET ADDRESS **241 LAMBTON LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☒ Delete  
NAME **ROGERS, FREDRICK**  
STREET ADDRESS **527 HENLEY DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **SD** ☐ Delete  
NAME **ZAISER, AUDREY**  
STREET ADDRESS **6643 VANCOUVER LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **PD** ☒ Change ☐ Addition  
NAME **LUPARELLO, ROBERT**  
STREET ADDRESS **628-LAMBTON LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **MARO, TONY**  
STREET ADDRESS **267-LAMBTON LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **T** ☐ Change ☒ Addition  
NAME **ZALAR, FRANK**  
STREET ADDRESS **1085-PARTRIDGE CIR #102**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☒ Change ☐ Addition  
NAME **PATTON, RAE ANN**  
STREET ADDRESS **241-LAMBTON LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☐ Change ☒ Addition  
NAME **OLSEN, KEN**  
STREET ADDRESS **687- MELVILLE CT.**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☐ Change ☒ Addition  
NAME **MALONEY, JULIA**  
STREET ADDRESS **412-HENLEY DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34104**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or 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 address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ROBERT LUPARELLO** **Jun 23, 2008 (239) 353-7633**