2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM N30469 DOCUMENT # 1. Entity Name THE COACH HOMES OF BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC. **Secretary of State** Principal Place of Business Mailing Address C/O R & P PROPERTY MGMT C/O R & P PROPERTY MGMT 265 AIROPRT RD. S. 265 AIROPRT RD. S. NAPLES FL NAPLES 34104 34104 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0180332 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent R & P PROPERTY MGMT Street Address (P.O. Box Number is Not Acceptable) 265 AIRPORT RD. S. NAPLES FL34104 US City Zip Code 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. GLENN CARROLL 04/30/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME NIKOLIK MIA STREET ADDRESS STREET ADDRESS 15 BENNINGTON DRIVE #3 CITY-ST-ZIP CITY-ST-ZIP NAPLES FT. 34104 TITLE PD ☐ Delete TITLE TD X Change ☐ Addition NAME DOBBS MARY NAME FRITZ. BEVERLY STREET ADDRESS 191 BENNINGTON DRIVE #6 STREET ADDRESS 142 BENNINGTON DRIVE #7 CITY-ST-ZIF NAPLES FL. 34104 CITY-ST-ZIP NAPLES FL. 34104 TITLE D Delete TITLE SD X Change ☐ Addition NAME PATTON JERRY NAME PATTON JERRY STREET ADDRESS STREET ADDRESS 47 BENNINGTON DR #5 47 BENNINGTON DR #5 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL. 34104 NAPLES FL. 34104 TITLE VDSD Delete TITLE VD X Change Addition NAME ROBERGE ANNETTE NAME HOFFMAN CHARLES STREET ADDRESS 191 BENNINGTON DR #2 STREET ADDRESS 47 BENNINGTON DR #8 CITY-ST-ZIP NAPLES \mathbf{FL} 34104 CITY-ST-ZIP NAPLES FL. 34104 TITLE TD Delete TITLE PD X Change ☐ Addition NAME SULLIVAN DOROTHY NAME COSSETTE CHARLES STREET ADDRESS 206 BENNINGTON DR #1 STREET ADDRESS 142 BENNINGTON DRIVE #2 CITY-ST-ZIP NAPLES \mathbf{FL} 34104 CITY-ST-ZIP NAPLES FL, 34104 TITLE □ Delete TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: __CHARLES COSSETTE ______

PD

04/30/2001

CR2E037 (11/00)