

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90275 039 \*\*\*\*61.25

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N30469</b>                                                                      |  |
| 1. Entity Name<br><b>THE COACH HOMES OF BERKSHIRE LAKES<br/>CONDOMINIUM ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                                                     |                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>C/O R &amp; P PROPERTY MGMT<br/>265 AIRPORT RD. S.<br/>NAPLES FL 34104<br/>US</b> | Mailing Address<br><b>C/O R &amp; P PROPERTY MGMT<br/>265 AIRPORT RD. S.<br/>NAPLES FL 34104<br/>US</b> |
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| 2. Principal Place of Business<br><b>Anchor Associates</b><br>Suite, Apt. #, etc.<br><b>3940 RADIO RD. SUITE 111</b><br>City & State<br><b>NAPLES FL</b><br>Zip<br><b>34104</b> | 3. Mailing Address<br><b>Anchor Associates</b><br>Suite, Apt. #, etc.<br><b>3940 RADIO RD SUITE 111</b><br>City & State<br><b>NAPLES FL</b><br>Zip<br><b>34104</b> |
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1st MOORE CR2E037 (10/05)

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|------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 4. FEI Number<br><b>65-0180332</b>                                                                                           |  | Applied For<br><input type="checkbox"/>                                                                                                                                                                                                  | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                 |  | 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                              |                                                       |
| 6. Name and Address of Current Registered Agent<br><b>R &amp; P PROPERTY MGMT<br/>265 AIRPORT RD. S.<br/>NAPLES FL 34104</b> |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Anchor Associates</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3940 RADIO ROAD</b><br><b>SUITE 111</b><br>City<br><b>NAPLES</b> FL Zip Code<br><b>34104</b> |                                                       |

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 *Shirley Hingson C.E.O.* DATE *4-18-06*

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

|                                                        |                                                                                                                 |                                                              |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCHMIDT, MARILYN<br>174 BENNINGTON DRIVE #7<br>NAPLES FL 34104 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MCCARTHY, JOE<br>7306 ASCOT COURT #4<br>NAPLES FL 34104 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>TORKILDSEN, ED<br>174 BENNINGTON DRIVE #1<br>NAPLES FL 34104 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>OBENAU, DAVID<br>15 BENNINGTON DR #5<br>NAPLES FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ADLAM, BEVERLY<br>46 BENNINGTON DRIVE #4<br>NAPLES FL 34104 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>RICHARDS FLOYD<br>110 BENNINGTON DR #4<br>NAPLES FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PUDLOCK, PATRICIA<br>78 BENNINGTON DRIVE #6<br>NAPLES FL 34104 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>NYKOLUK MIKE<br>47 BENNINGTON DR #2<br>NAPLES FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* *4/24/06*