2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30469

FILED Mar 14, 2009 Secretary of State

Entity Name: THE COACH HOMES OF BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: ANCHOR ASSOCIATES 3940 RADIO RD. STE 111 NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** ANCHOR ASSOCIATES 3940 RADIO RD. STE 111 NAPLES, FL 34104 FEI Number: 65-0180332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANCHOR ASSOCIATES 3940 RADIO RD. STE 111 NAPLES, FL 34104 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NYKOLVK, MIKE DOBBS, MARY Name: Name: 47 BENNINGTON DR 8-2 Address: 191 BENNINGTON DR 6 Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: () Change () Addition MCCARTHY, JOE Name: Name: Address: 7306 ASCOT COURT #4 Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARDS, MAUREEN Name: Name: 110 BONNINGTON DR. #4-4 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: () Delete Title: (X) Change () Addition GIANNONE, NICK Name: Name: PATEROS, JOHN 142 BENNINGTON DR #4 7338 ASCOT CT. 9-1 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: (X) Change () Addition ADLAM, BEVERLY ADLAM, BEVERLY Name: Name: 46 BENNINGTON DR. #6-4 46 BENNINGTON DR. #6-4 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MAUREEN RICHARDS P 03/14/2009