2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N30469

FILED Apr 29, 2003 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: C/O R & P PROPERTY MGMT 265 AIROPRT RD. S. NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** C/O R & P PROPERTY MGMT 265 AIROPRT RD. S. 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: R & P PROPERTY MGMT 265 AIRPORT RD. S. 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: (X) Change () Addition () Delete COSSETTE, CHARLES TORKILDSEN, ED Name: Name: 142 BENNINGTON DRIVE #2 Address: 174 BENNINGTON DRIVE #1 Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: PD () Delete Title: VD (X) Change () Addition HOFFMAN, CHARLES Name: BENISON, REID Name: Address: 47 BENNINGTON DR #8 Address: 7307 ASCOT COURT #5 City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: (X) Change () Addition FRITZ, BEVERLY PUDLOCK, PAT Name: Name: 142 BENNINGTON DRIVE #7 78 BENNINGTON DRIVE #6 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: SD () Delete Title: SD (X) Change () Addition Name: NYKOLUK, MIA Name: MASSEY, FIORA 15 BENNINGTON DRIVE #3 15 BENNINGTON DRIVE #1 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 Title: () Delete Title: () Change () Addition MILLER, CHRISTINE Name: Name: 110 BENNINGTON DRIVE #6 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ED TORKILDSEN PD 04/29/2003