## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90400 047 \*\*\*\*61.25

## DOCUMENT # N94000003376

1. Entity Name



WINDSOR PLACE AT BERKSHIRE LAKES CONDOMINIUM ASSOCIATION, INC. 4000 Principal Place of Business Mailing Address 3940 RADIO RD. #111 **ANCHOR ASSOCIATES** NAPLES, FL 34104 3940 RADIO RD. #111 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Numbe 65-0549819 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 Name ANCHOR ASSOCIATES, INC. 3940 RADIO RD. #111 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34104 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. 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DV TITLE Delete TITLE Change Change ■ Addition NAME DEFILLIPO, SHIRLEY NAME 500 WINDSOR SQ #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34101 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition SANFORD, WALTER NAME NAME 601 WINDSOR SQUARE #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP TiTLE ☐ Delete TITLE Change ☐ Addition VANDER-BORGHT, JANINE NAME NAME STREET ADDRESS 636 WINDSOR SQUARE # 101 STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE GILLESPIE, SHANNON NAME NAME KPEUGER, CAROLYN 505 WINDSOR PLACE #102 STREET ADDRESS STREET ADDRESS 554 WINDSOE 5Q NAPLES FL 34 #20Z NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP NAPLES TITLE ☐ Delete TITLE OV TO D ☐ Addition Change HALE, MARGERY NAME NAME STREET ADDRESS 555 WINDSOR SQUARE 202 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: X Watter Sanford	4-17-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #