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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722877 (8)

1. Corporation Name

BERKLEY HOUSE OF PORT CHARLOTTE- A CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE 2296 AARON STREET
PORT CHARLOTTE FL 33952

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE 2296 AARON STREET
PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified
03/10/1972

3a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1574987

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROIKE JR, EDWARD
21300 BRINSON AVE #214
PORT CHARLOTTE FL 33952

81 Name

Corrigan, Peter

82 Street Address (P.O. Box Number is Not Acceptable)

21300 Brinson Ave. Unit 206

83

84 City

Port Charlotte

FL

85 Zip Code

33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Peter J. Corrigan

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRAGENZER, JEAN	
STREET ADDRESS	21300 BRINSON AVE, UNIT 216	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORRIGAN, PETER DR	
STREET ADDRESS	21300 BRINSON AVE, UNIT 206	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MIKITA, EUGENE	
STREET ADDRESS	21300 BRINSON AVE, UNIT 112	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHAFFER, EDWIN	
STREET ADDRESS	21300 BRINSON AVE, UNIT 207	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KROPACEK, JOSEPH.	
STREET ADDRESS	21300 BRINSON AVE.	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Peter J. Corrigan SECRETARY REQUIRED

2-10-97

941-627-2106

CR2E037 (9/96)