

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE FL 33952	Mailing Address CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE FL 33952
--	--

3. Date Incorporated or Qualified 03/10/1972	
4. FEI Number 59-1574987	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
--	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**TROIKE JR, EDWARD
21300 BRINSON AVE #214
UNT 208
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent
81 Name **SHAFFER, EDWIN F**
82 Street Address (P.O. Box Number is Not Acceptable) **21300 BRINSON AVE #**
83 **207 BERKLEY HS.**
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 *Edwin F. Shaffer* (NOTE: Registered Agent signature required when reinstating) DATE **29 JAN 1998**

12. OFFICERS AND DIRECTORS		
TITLE	SD BRAGENZER, JEAN	<input checked="" type="checkbox"/> DELETE
NAME	21300 BRINSON AVE, UNIT 216	
STREET ADDRESS	PT CHARLOTTE, FL 00000	
CITY - ST - ZIP		
TITLE	PD CORRIGAN, PETER DR	<input type="checkbox"/> DELETE
NAME	21300 BRINSON AVE, UNIT 208	
STREET ADDRESS	PT CHARLOTTE, FL 00000	
CITY - ST - ZIP		
TITLE	TD MIKITA, EUGENE	<input type="checkbox"/> DELETE
NAME	21300 BRINSON AVE, UNIT 112	
STREET ADDRESS	PT CHARLOTTE, FL 00000	
CITY - ST - ZIP		
TITLE	VD SHAFFER, EDWIN	<input type="checkbox"/> DELETE
NAME	21300 BRINSON AVE, UNIT 207	
STREET ADDRESS	PT CHARLOTTE, FL 00000	
CITY - ST - ZIP		
TITLE	D KROPACEK, JOSEPH.	<input checked="" type="checkbox"/> DELETE
NAME	21300 BRINSON AVE.	
STREET ADDRESS	PT CHARLOTTE, FL 00000	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SD SHUMATE, MOLLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	21300 BRINSON AVE, UNIT 111	
1.3 STREET ADDRESS	PT CHARLOTTE, FL 33952	
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input checked="" 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VD BLONDELL, MATTHEW	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	21300 BRINSON AVE, UNIT 220	
5.3 STREET ADDRESS	PT CHARLOTTE, FL 33952	
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 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: *Edwin F. Shaffer* DATE: **29 JAN 98 941-629-6989**

CR2E037 (10/97)