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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 722877

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

03/10/1972

22 City & State

27 City & State

4. FEI Number
59-1574987

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAFFER, EDWIN F.
 21300 BRINSON AVE #207
 BERKLEY HS
 PORT CHARLOTTE FL 33952

81 Name

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

83

84 City

FL

85 Zip Code

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 *Matthew F. Blondell*

(NOTE: Registered Agent signature required when reinstating)

1-22-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** DELETE
 NAME **SHUMATE, MOLLY**
 STREET ADDRESS **21300 BRINSON AVENUE, UNIT 111**
 CITY-ST-ZIP **PT CHARLOTTE, FL 00000 33952**

1.1 TITLE **SD** Change Addition
 1.2 NAME **Hale, Gene F.**
 1.3 STREET ADDRESS **21300 Brinson Ave #118**
 1.4 CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **D** DELETE
 NAME **CORRIGAN, PETER DR**
 STREET ADDRESS **21300 BRINSON AVE, UNIT 206**
 CITY-ST-ZIP **PT CHARLOTTE, FL 00000**

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **TD** DELETE
 NAME **MIKITA, EUGENE**
 STREET ADDRESS **21300 BRINSON AVE, UNIT 112**
 CITY-ST-ZIP **PT CHARLOTTE, FL 00000**

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **PD** DELETE
 NAME **SHAFFER, EDWIN**
 STREET ADDRESS **21300 BRINSON AVE, UNIT 207**
 CITY-ST-ZIP **PT CHARLOTTE, FL 00000**

4.1 TITLE **VD** Change Addition
 4.2 NAME **Arthur, Nerret**
 4.3 STREET ADDRESS **21300 Brinson Ave, #101**
 4.4 CITY-ST-ZIP **Port Charlotte, Fla, 33952**

TITLE **VD** DELETE
 NAME **BLONDELL, MATTHEW**
 STREET ADDRESS **21300 BRINSON AVENUE, UNIT 220**
 CITY-ST-ZIP **PT CHARLOTTE, FL 00000 33952**

5.1 TITLE **PD** Change Addition
 5.2 NAME **Blondell, Matthew**
 5.3 STREET ADDRESS **21300 Brinson Avenue #220**
 5.4 CITY-ST-ZIP **port Charlotte, Fla 33952**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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, with all other like empowered.

SIGNATURE:

MATTHEW BLONDELL

SIGNATURE REQUIRED *Matthew F. Blondell*

1-22-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/98)