

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90026 004 \*\*\*\*61.25

DOCUMENT # 722877

1. Entity Name

BERKLEY HOUSE OF PORT CHARLOTTE- A CONDOMINIUM,

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

011041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1574987

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name Blondell, Matt  
Street Address (P.O. Box Number is Not Acceptable)

21300 Brinson Ave #220

City Port Charlotte FL Zip Code 33952

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.

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

(NOTE: Registered Agent signature required when reinstating)

2/28/00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete  
NAME HALE, G.  
STREET ADDRESS 21300 BRINSON AVE #118  
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE SD ☐ Change ☒ Addition  
NAME Shumate, Molly  
STREET ADDRESS 21300 Brinson Ave #111  
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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME NERRET, ARTHUR  
STREET ADDRESS 21300 BRINSON AVE, #101  
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE VD ☐ Change ☒ Addition  
NAME Muller, Margaret  
STREET ADDRESS 21300 Brinson Ave #209  
CITY-ST-ZIP Port Charlotte FL 33952

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME BLONDELL, MATTHEW  
STREET ADDRESS 21300 BRINSON AVE - #220  
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE PD ☒ Change ☐ Addition  
NAME Blondell, Matt  
STREET ADDRESS 21300 Brinson Ave #220  
CITY-ST-ZIP Port Charlotte FL 33952

12. 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 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: [Signature] MATT BLONDELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 (941) 764-9022  
Date Daytime Phone #

CR2E037 (9/99)