

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90271 005 \*\*\*\*61.25

**DOCUMENT # 722877**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1574987**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, NEIL  
21300 BRINSON AVE.  
#115  
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name **Marguerite T. Potts**  
Street Address (P.O. Box Number is Not Acceptable)  
**21300 BRINSON AVE 104**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Marguerite T. Potts** **Marguerite T. Potts** **4/20/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, NEIL	
STREET ADDRESS	21300 BRINSON AVE. #115	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OREN, SARA FRAN	
STREET ADDRESS	21300 BRINSON AVE. #214	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SDTD	<input checked="" type="checkbox"/> Delete
NAME	HALE, JANE	
STREET ADDRESS	21300 BRINSON AVE. #118	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALABAUGH, RICHARD	
STREET ADDRESS	21300 BRINSON AVE. #120	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, BETTY	
STREET ADDRESS	21300 BRINSON AVE. #115	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Potts, marguerite T.	
STREET ADDRESS	21300 Brinson Ave 104	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dahl, Helen	
STREET ADDRESS	21300 Brinson Ave #201	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE	SDTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saxby, Hilda	
STREET ADDRESS	21300 Brinson Ave #220	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

**Marguerite T. Potts**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/04 (941) 629 6925**