

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90233 037 \*\*\*\*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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SHAFFER, EDWIN  
21300 BRINSON AVE  
#207  
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name **Neil Thompson**  
Street Address (P.O. Box Number is Not Acceptable) **21300 BRINSON Ave. # 115**  
City **PORT CHARLOTTE** FL Zip Code

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 *Neil Thompson* **Neil Thompson**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**3/11/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, EDWIN	
STREET ADDRESS	21300 BRINSON AVE #207	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, PAT	
STREET ADDRESS	21300 BRINSON AVE #203	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	OWENS, JUDY	
STREET ADDRESS	21300 BRINSON AVE #203	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CORRIGAN, MAC	
STREET ADDRESS	21300 BRINSON AVE #206	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, BARRY	
STREET ADDRESS	21300 BRINSON AVE #216	
CITY-ST-ZIP	PT 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	Neil Thompson	
STREET ADDRESS	21300 BRINSON Ave #115	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sara Fran Oren	
STREET ADDRESS	21300 BRINSON Ave #214	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	SD/TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE Hale	
STREET ADDRESS	21300 BRINSON Ave #118	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Alabaugh	
STREET ADDRESS	21300 BRINSON Ave #120	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Thompson	
STREET ADDRESS	21300 BRINSON Ave #115	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
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: *Neil Thompson* **Neil Thompson** **3/11/03** **(941) 629 6925**

CR2E037 (10/02)