

# 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

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**  
(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)