

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722877

FILED
Apr 14, 2014
Secretary of State
CC8739282798**Entity Name:** BERKLEY HOUSE OF PORT CHARLOTTE- A CONDOMINIUM,
INC.**Current Principal Place of Business:**BERKLEY HOUSE OF PORT CHARLOTTE
MANAGER'S OFFICE 2296 AARON STREET
PORT CHARLOTTE, FL 33952**Current Mailing Address:**ADVANCED MANAGEMENT, INC. OF SOUTHWEST FLORIDA
899 WOODBRIDGE DRIVE
VENICE, FL 34293 US**FEI Number: 59-1574987****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MOORE, DON
C/O MANAGEMENT OFFICE
2296 AARON STREET
PORT CHARLOTTE, FL 33952 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	MOORE, DON
Address	21300 BRINSON AVE #116
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	VPD
Name	SCAUDAN, ERNIE
Address	21300 BRINSON AVE #202
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	D
Name	DAHL, HELEN
Address	21300 BRINSON AVE #201
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	STD
Name	BELAND, JEAN
Address	21300 BRINSON AVE #117
City-State-Zip:	PORT CHARLOTTE FL 33952

Title	D
Name	JOHN, MCNEIL
Address	21300 BRINSON AVE
City-State-Zip:	PORT CHARLOTTE FL 33952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD MOORE**PRESIDENT****04/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date