

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722877

Entity Name: BERKLEY HOUSE OF PORT CHARLOTTE- A CONDOMINIUM, INC.**FILED**
Feb 16, 2023
Secretary of State
3918061019CC**Current Principal Place of Business:**21300 BRINSON AVENUE
PORT CHARLOTTE, FL 33952**Current Mailing Address:**C/O STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US**FEI Number: 59-1574987****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STAR HOSPITALITY MANAGEMENT
C/O STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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: SHERRY DANKO****02/16/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	S/T
Name	BEDFORD, BRIAN
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	VP
Name	CHIARELLO, ED
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	P
Name	ELLIOT, MITCHELL
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	SWIAK, TED
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	MILLER, JOHN
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	GUZMAN, ISABEL
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	THORPE, NANCY
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

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: BRIAN BEDFORD**S/T****02/16/2023**

