

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722877 (8)

1. Corporation Name

BERKLEY HOUSE OF PORT CHARLOTTE- A CONDOMINIUM,
INC.

Principal Place of Business

Mailing Address

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE 2296 AARON STREET
PORT CHARLOTTE FL 33952

CHARLOTTE SQUARE CONDOMINIUMS
MANAGER'S OFFICE 2296 AARON STREET
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1972

3a. Date of Last Report

03/03/1994

4. FEI Number

59-1574987

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROIKE JR, EDWARD
21300 BRINSON AVE #214
PORT CHARLOTTE FL 33952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME BRAGENZER, JEAN
STREET ADDRESS 21300 BRINSON AVE, UNIT 216
CITY-ST-ZIP PT CHARLOTTE, FL 00000

TITLE PD
NAME CRAVEN, GEORGE
STREET ADDRESS 21300 BRINSON AVE, UNIT 204
CITY-ST-ZIP PT CHARLOTTE, FL 00000

TITLE TD
NAME VALENZANO, MARY
STREET ADDRESS 21300 BRINSON AVE.
CITY-ST-ZIP PT CHARLOTTE, FL 00000

TITLE VD
NAME SHAFFER, EDWIN
STREET ADDRESS 21300 BRINSON AVE, UNIT 207
CITY-ST-ZIP PT CHARLOTTE, FL 00000

TITLE D
NAME KROPACEK, JOSEPH.
STREET ADDRESS 21300 BRINSON AVE.
CITY-ST-ZIP PT CHARLOTTE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Craven

2-22-95

(Date)

813-629-6925

(Telephone Number)