

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 722877 (8)**

1. Corporation Name  
**BERKLEY HOUSE OF PORT CHARLOTTE- A CONDOMINIUM, INC.**



Principal Place of Business <b>CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE FL 33952</b>	Mailing Address <b>CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE FL 33952</b>
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3. Date Incorporated or Qualified <b>03/10/1972</b>	3a. Date of Last Report <b>03/02/1995</b>
4. FEI Number <b>59-1574987</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent <b>TROIKE JR, EDWARD 21300 BRINSON AVE #214 PORT CHARLOTTE FL 33952</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAGENZER, JEAN</b>	1.2 NAME	
STREET ADDRESS	<b>21300 BRINSON AVE, UNIT 216</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT CHARLOTTE, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAVEN, GEORGE</b>	2.2 NAME	<b>Corrigan, Peter Dr.</b>
STREET ADDRESS	<b>21300 BRINSON AVE, UNIT 204</b>	2.3 STREET ADDRESS	<b>21300 Brinson Ave. Unit 206</b>
CITY-ST-ZIP	<b>PT CHARLOTTE, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Port Charlotte, FL 33952</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAGENZER, WM.</b>	3.2 NAME	<b>Mikita, Eugene</b>
STREET ADDRESS	<b>21300 BRINSON AVENUE, UNIT 216</b>	3.3 STREET ADDRESS	<b>21300 Brinson Ave. Unit 112</b>
CITY-ST-ZIP	<b>PT CHARLOTTE, FL 00000</b>	3.4 CITY-ST-ZIP	<b>Port Charlotte, FL 33952</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAFFER, EDWIN</b>	4.2 NAME	
STREET ADDRESS	<b>21300 BRINSON AVE, UNIT 207</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT CHARLOTTE, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROPACEK, JOSEPH.</b>	5.2 NAME	
STREET ADDRESS	<b>21300 BRINSON AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PT CHARLOTTE, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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: Peter J. Corrigan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)