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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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

3. Date Incorporated or Qualified
03/10/1972

3a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-1574987

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

Corrigan, Peter

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

21300 Brinson Ave. Unit 206

83

84 City

Port Charlotte

FL

85 Zip Code

33952

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

Peter J. Corrigan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME CORRIGAN, PETER DR
STREET ADDRESS 21300 BRINSON AVE, UNIT 206
CITY-ST-ZIP PT CHARLOTTE, FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME MIKITA, EUGENE
STREET ADDRESS 21300 BRINSON AVE, UNIT 112
CITY-ST-ZIP PT CHARLOTTE, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-10-97

941-627-2106

CR2E037 (9/96)