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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 722877

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/10/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1574987

Applied For  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAFFER, EDWIN F.  
21300 BRINSON AVE #207  
BERKLEY HS  
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 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 *Matthew F. Blondell*

1-22-99

(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 SHUMATE, MOLLY  
STREET ADDRESS 21300 BRINSON AVENUE, UNIT 111  
CITY-ST-ZIP PT CHARLOTTE, FL 00000 33952

1.1 TITLE SD  Change  Addition  
1.2 NAME Hale, Gene F.  
1.3 STREET ADDRESS 21300 Brinson Ave #118  
1.4 CITY-ST-ZIP Port Charlotte, FL 33952

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

4.1 TITLE VD  Change  Addition  
4.2 NAME Arthur, Nerret  
4.3 STREET ADDRESS 21300 Brinson Ave, #101  
4.4 CITY-ST-ZIP Port Charlotte, Fla, 33952

TITLE VD  DELETE  
NAME BLONDELL, MATTHEW  
STREET ADDRESS 21300 BRINSON AVENUE, UNIT 220  
CITY-ST-ZIP PT CHARLOTTE, FL 00000 33952

5.1 TITLE PD  Change  Addition  
5.2 NAME Blondell, Matthew  
5.3 STREET ADDRESS 21300 Brinson Avenue #220  
5.4 CITY-ST-ZIP port Charlotte, Fla 33952

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 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, with all other like empowered.

SIGNATURE:

MATTHEW BLONDELL

SIGNATURE REQUIRED *Matthew F. Blondell*

1-22-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/98)