

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90026 004 \*\*\*\*61.25

**DOCUMENT # 722877**

1. Entity Name

**BERKLEY HOUSE OF PORT CHARLOTTE- A CONDOMINIUM,**

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

011041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1574987**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAFFER, EDWIN F.  
 21300 BRINSON AVE #207  
 BERKLEY HS  
 PORT CHARLOTTE FL 33952

Name **Blondell, Matt**  
 Street Address (P.O. Box Number is Not Acceptable)

**21300 Brinson Ave #220**

City **Port Charlotte** FL Zip Code **33952**

8. 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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**2/28/00**

Date

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD**  Delete  
 NAME **HALE, G.**  
 STREET ADDRESS **21300 BRINSON AVE #118**  
 CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **SD**  Change  Addition  
 NAME **Shumate, Molly**  
 STREET ADDRESS **21300 Brinson Ave #111**  
 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**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **NERRET, ARTHUR**  
 STREET ADDRESS **21300 BRINSON AVE, #101**  
 CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **VD**  Change  Addition  
 NAME **Muller, Margaret**  
 STREET ADDRESS **21300 Brinson Ave #209**  
 CITY-ST-ZIP **Port Charlotte FL 33952**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **BLONDELL, MATTHEW**  
 STREET ADDRESS **21300 BRINSON AVE - #220**  
 CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE  Change  Addition  
 NAME **Blondell, Matt**  
 STREET ADDRESS **21300 Brinson Ave #220**  
 CITY-ST-ZIP **Port Charlotte FL 33952**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **MATT BLONDELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/00**

Date

**(941) 764-9022**

Daytime Phone #

CR2E037 (9/99)