

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90059 036 ****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

U I U I U U



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

BLONDELL, MATT
21300 BRINSON AVE # 220
PORT CHARLOTTE FL 33952

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 **SHUMATE, MOLLY**
 STREET ADDRESS **21300 BRINSON AVE # 111**
 CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CORRIGAN, PETER DR**
 STREET ADDRESS **21300 BRINSON AVE, UNIT 206**
 CITY-ST-ZIP **PT CHARLOTTE, FL ~~00000~~ 33952**

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 **VD** Change Addition
 NAME **HALE, JANE**
 STREET ADDRESS **21300 BRINSON AVE #118**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **VD** Delete
 NAME **MULLER, MARGARET**
 STREET ADDRESS **21300 BRINSON AVE # 209**
 CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE **TD** Change Addition
 NAME **muller, Margaret**
 STREET ADDRESS **21300 BRINSON AVE #209**
 CITY-ST-ZIP **Port Charlotte FL 33952**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **X Matt Blondell** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 1-30-01

X 764-9022

CR2E037 (10/00)