


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90407 042 ****61.25

DOCUMENT # 722877					
1. Entity Name BERKLEY HOUSE OF PORT CHARLOTTE- A CONDOMINIUM, INC.					
Principal Place of Business CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE, FL 33952			Mailing Address CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE, FL 33952		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALABAUGH, RICHARD C/O MANAGEMENT OFFICE 2296 AARON STREET 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALENZANO, MARY		NAME	THOMPSON, NEIL	
STREET ADDRESS	21300 BRINSON AVE., # 106		STREET ADDRESS	21300 BRINSON AVE # 115	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, DON		NAME	Potts, Peg	
STREET ADDRESS	21300 BRINSON AVE., #120		STREET ADDRESS	21300 BRINSON AVE # 104	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNELL, HUGH		NAME	BENKOCZY, GERRY	
STREET ADDRESS	213.0 BRINSON AVE., #114		STREET ADDRESS	21300 BRINSON AVE # 214	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALABAUGH, RICHARD		NAME	Dahl, Helen	
STREET ADDRESS	21300 BRINSON AVE. #120		STREET ADDRESS	21300 BRINSON AVE # 201	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	0 Vice-President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, BARRY		NAME		
STREET ADDRESS	213. BRINSON AVE., # 216		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Richard Alabaugh</i>		R. Charles Alabaugh		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

ATTACHMENT

40058883

#722877
BERKLEY HOUSE

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Printed 2/14/2006
10:24 AM

Selected Payments Journal

<u>Date</u>	<u>Invoice</u>	<u>Reference</u>	<u>Description</u>	<u>Type</u>	<u>Amount</u>
Allsta: ALLSTATE					
7/27/2000	049659292	3076	A/P pmt ALLSTATE	Payment	\$403.50
				Total:	<u>\$403.50</u>
Florida: FLORIDA DEPARTMENT OF STATE					
2/14/2006	722877		Filing Fee for State	Invoice	\$61.25
				Total:	<u>\$61.25</u>
				Grand Total:	<u>\$464.75</u>

ATTACHMENT
40058883
#722877

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS. BILLING DATE 01/27/2006

POLICY NUMBER 049 659292	EFFECTIVE DATE 02/01/2006
ANNUAL PREMIUM:	\$1,610.00
PREVIOUS PAYMENT:	\$0.00
CURRENT AMOUNT DUE:	\$403.50 *
DATE DUE:	02/01/2006
TO PAY IN FULL:	\$1,610.00

* INCLUDES A PARTIAL PAYMENT FEE OF \$1.00

BILL

