2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 722877

FILED Sep 12, 2008 Secretary of State

Entity Name: BERKLEY HOUSE OF PORT CHARLOTTE- A CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE, FL 33952

Current Mailing Address:

New Mailing Address:

CHARLOTTE SQUARE CONDOMINIUMS MANAGER'S OFFICE 2296 AARON STREET PORT CHARLOTTE, FL 33952

FEI Number: 59-1574987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALABAUGH, RICHARD MOORE, DON

C/O MANAGEMENT OFFICE C/O MANAGEMENT OFFICE 2296 AARON STREET 2296 AARON STREET

PORT CHARLOTTE, FL 33952 US PORT CHARLOTTE, FL 33952 US

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: DON MOORE 09/12/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition THOMPSON, NEIL MOORE, DON Name: Name: 21300 BRINSON AVE 115 Address: 21300 BRINSON AVE #116 Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: Title: (X) Change () Addition () Delete

POTTS, PEG Name: ANDERSON, ARTHUR Name: Address: 21300 BRINSON AVE 104 Address: 21300 BRINSON AVE #209 City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Delete Title: TD (X) Change () Addition

BENKOCEY, GERRY POTTS, PEG Name: Name: 21300 BRINSON AVE 214 Address: Address: 21300 BRINSON AVE #104

City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Delete Title: SD (X) Change () Addition

DAHL, HELEN Name: Name: MOORE, SUSAN 21300 BRINSON AVE 201 21300 BRINSON AVE #116 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: (X) Delete Title: () Change () Addition

GRAVES, BARRY Name: Name: 213.. BRINSON AVE., # 216 Address: Address: PORT CHARLOTTE, FL 33952 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON MOORE PD 09/12/2008