

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722877

**FILED  
Mar 05, 2013  
Secretary of State  
CC6110319497**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-1574987**

**Certificate of Status Desired: No**

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

MOORE, DON  
C/O MANAGEMENT OFFICE  
2296 AARON STREET  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MOORE, DON  
Address 21300 BRINSON AVE #116  
City-State-Zip: PORT CHARLOTTE FL 33952

Title VPD  
Name CHIARELLO, ED  
Address 21300 BRINSON AVE #211  
City-State-Zip: PORT CHARLOTTE FL 33952

Title D  
Name BENKOCZY, GERRY  
Address 21300 BRINSON AVE #214  
City-State-Zip: PORT CHARLOTTE FL 33952

Title STD  
Name QUINLAN, ALVIN  
Address 21300 BRINSON AVE #120  
City-State-Zip: PORT CHARLOTTE FL 33952

*I hereby 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 all other like empowered.*

**SIGNATURE: DON MOORE**

**PRESIDENT**

**03/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date