

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722877

**FILED**  
**Mar 21, 2024**  
**Secretary of State**  
**1550343122CC**

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

**Current Principal Place of Business:**

21300 BRINSON AVENUE  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

C/O STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

**FEI Number:** 59-1574987

**Certificate of Status Desired:** No

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

STAR HOSPITALITY MANAGEMENT  
C/O STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 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:** SHERRY DANKO

03/21/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S/T  
Name BEDFORD, BRIAN  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title VP  
Name MOORE , NANCY  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title P  
Name LIVINGSTON, TERRI  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name WEEMS, DEBBIE  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name MILLER, JOHN  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name GUZMAN, ISABEL  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title D  
Name ELLIOT, MITCH  
Address C/O STAR HOSPITALITY  
MANAGEMENT  
26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

*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:** BRIAN BEDFORD

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03/21/2024

