FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:21

DOCUMENT # **747541** **(1)**

1. Corporation Name

CHESAPEAKE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1310 CHESAPEAKE AVENUE NAPLES FL 33962	1310 CHESAPEAKE AVENUE NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1979
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-2098116 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MEYER, JOHN W
~~2408 LINWOOD AVE, BOX 5~~ 1207 3rd St. S. Suite #4
NAPLES FL ~~33962~~ 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	☐ Change ☐ Addition
NAME	RAASCH, HARVEY	12 NAME	
STREET ADDRESS	1322 CHESAPEAKE AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MURRAY, RICHARD	22 NAME	
STREET ADDRESS	1312 CHESPEAKE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	SCOTT, DOUGLAS	32 NAME	
STREET ADDRESS	1322 CHESAPEAKE AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NADEAU, ROBERT	42 NAME	
STREET ADDRESS	1302 CHESAPEAKE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	44 CITY-ST-ZIP	
TITLE	TDS	51 TITLE	☐ Change ☐ Addition
NAME	MCLAUCHLAN, BARBARA	52 NAME	
STREET ADDRESS	1322 CHESAPEAKE AVE	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara F. McLauchlan 2/6/95 813-774-6857
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Barbara F. McLauchlan

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