

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747541

1. Entity Name

CHESAPEAKE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1310 CHESAPEAKE AVENUE
NAPLES FL 34102

1310 CHESAPEAKE AVENUE
NAPLES FL 34102-0509

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2098116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MEYER, JOHN W
1207 3RD STREET SOUTH
SUITE 4
NAPLES FL 33940

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DVP	☒ Delete
NAME	RAASCH, HARVEY	
STREET ADDRESS	1322 CHESAPEAKE AVE C-2	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	☐ Delete
NAME	SCOTT, DOUGLAS	
STREET ADDRESS	1322 CHESAPEAKE AVE C-4	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	☐ Delete
NAME	NADEAU, ROBERT	
STREET ADDRESS	1302 CHESAPEAKE AVE A-2	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	TDS	☐ Delete
NAME	MCLAUCHLAN, BARBARA	
STREET ADDRESS	1322 CHESAPEAKE AVE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	☐ Delete
NAME	BRENNEMAN, DALE	
STREET ADDRESS	1322 CHESAPEAKE AVE B-2	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	Robert Moroney	
STREET ADDRESS	1302 Chesapeake Ave, A-1	
CITY-ST-ZIP	Naples, FL 34102	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barbara F. McLaughlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000

Date

941/774-6857

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90055 005 ****61.25



DO NOT WRITE IN THIS SPACE