

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90022 041 ****61.25

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**

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

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

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **SCOTT, DOUGLASS**
 STREET ADDRESS **1322 CHESAPEAKE AVE C-4**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☒ Delete
 NAME **MOONEY, NANCY**
 STREET ADDRESS **1322 CHESAPEAKE AVENUE C-2**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **S** ☐ Change ☒ Addition
 NAME **Rosella Bednar**
 STREET ADDRESS **1302 chesapeake ave A3**
 CITY-ST-ZIP **Naples, FL 34102**

TITLE **TDS** ☐ Delete
 NAME **MCLAUCHLAN, BARBARA**
 STREET ADDRESS **1322 CHESAPEAKE AVE C-1**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **BRENNEMAN, DALE**
 STREET ADDRESS **1322 CHESAPEAKE AVE B-2**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
 NAME **MORONEY, ROBERT**
 STREET ADDRESS **1302 CHESAPEAKE AVE A-1**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☐ Change ☒ Addition
 NAME **Robert Seidler**
 STREET ADDRESS **1312 chesapeake Ave, B-1**
 CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 MCLAUCHLAN

Barbara Mclauchlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)