

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

02-17-2004 90049 019 ****61.25

DOCUMENT # 747541																																																																	
1. Entity Name CHESAPEAKE POINT CONDOMINIUM ASSOCIATION, INC.																																																																	
Principal Place of Business 1310 CHESAPEAKE AVENUE NAPLES FL 34102			Mailing Address 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. I am familiar with, and accept the obligations of registered agent.																																																																	
SIGNATURE <u><i>Barbara F. McLaughlin, Treas.</i></u> 2/4/04 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 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																													
		Make Check Payable to Florida Department of State																																																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">Delete ☐</td> </tr> <tr> <td></td> <td>NADEAU, ROBERT</td> <td>1302 CHESAPEAKE AVE., A-2</td> <td>NAPLES FL 34102</td> <td></td> </tr> <tr> <td></td> <td>TDS</td> <td>MCLAUCHLAN, BARBARA</td> <td>1322 CHESAPEAKE AVE C-1</td> <td>NAPLES FL 34102</td> </tr> <tr> <td></td> <td>D</td> <td>MORONEY, ROBERT</td> <td>1302 CHESAPEAKE AVE., A-1</td> <td>NAPLES FL 34102</td> </tr> <tr> <td></td> <td>S</td> <td>BEDNAR, ROSELLA</td> <td>1302 CHESAPEAKE AVE. A3</td> <td>NAPLES FL 34102</td> </tr> <tr> <td></td> <td>D</td> <td>SEIDLER, ROBERT</td> <td>1312 CHESAPEAKE AVE. B-1</td> <td>NAPLES FL 34102</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete ☐</td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">Change ☐ Addition ☐</td> </tr> <tr> <td></td> <td>Breneman, Doris</td> <td>1322 Chesapeake Ave, Apt: B2</td> <td>Naples, FL 34102</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Change ☐ Addition ☐</td> </tr> </table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete ☐		NADEAU, ROBERT	1302 CHESAPEAKE AVE., A-2	NAPLES FL 34102			TDS	MCLAUCHLAN, BARBARA	1322 CHESAPEAKE AVE C-1	NAPLES FL 34102		D	MORONEY, ROBERT	1302 CHESAPEAKE AVE., A-1	NAPLES FL 34102		S	BEDNAR, ROSELLA	1302 CHESAPEAKE AVE. A3	NAPLES FL 34102		D	SEIDLER, ROBERT	1312 CHESAPEAKE AVE. B-1	NAPLES FL 34102					Delete ☐	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change ☐ Addition ☐		Breneman, Doris	1322 Chesapeake Ave, Apt: B2	Naples, FL 34102						Change ☐ Addition ☐					Change ☐ Addition ☐					Change ☐ Addition ☐
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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: <u><i>Barbara F. McLaughlin</i></u> 2/24/04 239-774-6857 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																	