

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 28, 2004  
Secretary of State**

DOCUMENT# N96000006215

Entity Name: CHESAPEAKE PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2649 TESS CIRCLE  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

8025 ROCKHAMPTON CIRCLE  
HELENA, AL 35080

**New Mailing Address:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

FEI Number: 59-3594151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DECARLO, PAUL A  
2800 TESS CIRCLE  
TALLAHASSEE, FL 32304

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

ISAACS, DAN L  
431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

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: DAN LEE ISAACS

06/28/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DECARLO, PAUL A  
Address: 8025 ROCKHAMPTON CIRCLE  
City-St-Zip: HELENA, AL 35080

Title: D ( ) Delete  
Name: DECARLO, MICHAEL  
Address: 8025 ROCKHAMPTON CIRCLE  
City-St-Zip: HELENA, AL 35080

Title: D ( ) Delete  
Name: FAUX, SHANE  
Address: 8025 ROCKHAMPTON CIRCLE  
City-St-Zip: HELENA, AL 35080

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GOULD, RACHEL  
Address: 2744 TESS CURCKE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: DT (X) Change ( ) Addition  
Name: BOUTHILLIER, JOE  
Address: 6479 BROADTREE COURT  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Change ( ) Addition  
Name: BOUTHILLIER, JEFF  
Address: 1823 WAGON WHEEL CIRCLE WEST  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D ( ) Change (X) Addition  
Name: WEST, BOB  
Address: 5396 APPLIEDORE LANE  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RACHEL GOULD

P

06/28/2004

Electronic Signature of Signing Officer or Director

Date