

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006215

FILED
Apr 25, 2009
Secretary of State

Entity Name: CHESAPEAKE PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3594151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: DILGER, MIKE
Address: 2704 TESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: DVP () Delete
Name: ARMSTRONG, TIFFANY
Address: 2740 TESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: DP () Delete
Name: MILLER, DOUG
Address: 4213 RABBIT POND ROAD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DILGER, MIKE
Address: 2704 TESS CIRCLE
City-St-Zip: TALLAHASSEE, FL 32304

Title: DVP (X) Change () Addition
Name: MILLER, DOUG
Address: 4213 RABBIT POND ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: DST (X) Change () Addition
Name: KNIERIEM, ROB
Address: 4953 WILLOW CREEK DRIVE
City-St-Zip: WOODSTOCK, GA 30188

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DOUG MILLER

Electronic Signature of Signing Officer or Director

DVP

04/25/2009

Date