

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715055

**Entity Name:** CHESAPEAKE MANOR, INC.**Current Principal Place of Business:**RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH STE 215  
NAPLES, FL 34104**Current Mailing Address:**2685 HORSESHOE DR S.  
STE#215  
NAPLES, FL 34104 US**FEI Number:** 59-1658281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESORT MANAGEMENT  
2685 HORSESHOE DR S.  
STE#215  
NAPLES, FL 34104 US*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:** ROBERT ROSENOW

03/23/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name CHAPMAN, BRUCE  
Address 2685 HORSESHOE DR S.  
STE#215  
City-State-Zip: NAPLES FL 34104

Title PRESIDENT  
Name JULIANO, JAY  
Address 2685 HORSESHOE DR S.  
STE#215  
City-State-Zip: NAPLES FL 34104

Title TREASURER  
Name ALMEIDA, FRANCISCA  
Address 2685 HORSESHOE DR S.  
STE#215  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name ITURREY, MIGUEL  
Address 2685 HORSESHOE DR S.  
STE#215  
City-State-Zip: NAPLES FL 34104

Title VP  
Name POZO, OLIVIO  
Address 2685 HORSESHOE DR S.  
STE#215  
City-State-Zip: NAPLES FL 34104

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRUCE CHAPMAN

SECRETARY

03/23/2022

Electronic Signature of Signing Officer/Director Detail

Date