

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747541

Entity Name: CHESAPEAKE POINT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2335 TAMIAMI TRAIL NORTH
SUITE 402
NAPLES, FL 34103**Current Mailing Address:**2335 TAMIAMI TRAIL N
402
NAPLES, FL 34103 US**FEI Number:** 59-2098116**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMBRIDGE MANAGEMENT
2335 TAMIAMI TRAIL N
402
NAPLES, FL 34103 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:** HNK

04/05/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	EDWARDS, CHIP
Address	2335 TAMIAMI TRAIL N 402
City-State-Zip:	NAPLES FL 34103

Title	TREASURER
Name	GALLAGHER, KAREN
Address	2335 TAMIAMI TRAIL N 402
City-State-Zip:	NAPLES FL 34103

Title	SECRETARY
Name	COLEMAN, HARRIET
Address	2335 TAMIAMI TRAIL N 402
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	BELCHER, CYNTHIA
Address	2335 TAMIAMI TRAIL N 402
City-State-Zip:	NAPLES FL 34103

Title	VP
Name	BRENNEMAN, RICHARD
Address	2335 TAMIAMI TRAIL N STE. 402
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	BEDNAR, ROE
Address	2335 TAMIAMI TRAIL N STE. 402
City-State-Zip:	NAPLES FL 34103

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: CHIP EDWARDS

PRESIDENT

04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date