

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006215

Entity Name: CHESAPEAKE PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2121 KILLARNEY WAY
TALLAHASSEE, FL 32309

Current Mailing Address:

PO BOX 11143
TALLAHASSEE, FL 32302

FEI Number: 59-3594151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT
2121 KILLARNEY WAY
TALLAHASSEE, FL 32309 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name HEASLEY, BRIAN
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title DVP
Name FORRESTALL, TIM
Address POST OFFICE BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title DST
Name GORDON, CAROL
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

Title MANAGING AGENT
Name FLORIDA ASSOCIATION & PROPERTY
MANAGEMENT, INC.
Address PO BOX 11143
City-State-Zip: TALLAHASSEE FL 32302

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: JOANIE TROTMAN

CAM

04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date