


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90016 001 ***150.00

DOCUMENT # 329199			
1. Entity Name CHESAPEAKE-MOTEL AND VILLAS, INC. ---			
Principal Place of Business M/M 83 1/2 770 CARROLL ST ISLAMORADA FL 33036		Mailing Address M/M 83 1/2 PO BOX 1476 ISLAMORADA FL 33036	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 59-1207737		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, URBAN, J.W. 82681 OVERSEAS HWY P O BOX 783 ISLAMORADA FL 33036		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER SANDRY, CHRISTOPHER 170 CARROLL ST PO BOX 1476 ISLAMORADA FL 33036	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Sandrey, Christopher
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT SANDREY, GLORYANNE MM 83 1/2 PO BOX 1476 ISLAMORADA FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Gloryanne Sandrey
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President SANDREY, ALEXANDER 75061 OVERSEES HWY PO BOX 1476 ISLAMORADA FL 33036	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Sandrey, Alexander
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D FLEISHER, ILONA MM 83 1/2 PO BOX 1476 ISLAMORADA FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALEXANDER Sandrey Vice President** Date: **2/15/07** Daytime Phone #: **305-664-0549**