

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 329199

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: CHESAPEAKE MOTEL AND VILLAS, INC.

## Current Principal Place of Business:

83409 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 507  
ISLAMORADA, FL 33036

## New Mailing Address:

FEI Number: 59-1207737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATTERSON, URBAN, J.W.  
82681 OVERSEAS HWY  
P O BOX 783  
ISLAMORADA, FL 33036 US

## Name and Address of New Registered Agent:

PATTERSON, URBAN, J.W.  
82681 OVERSEAS HWY  
ISLAMORADA, FL 33036 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:

03/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: SANDREY, CHRISTOPHER  
Address: 170 CARROLL ST PO BOX 1476  
City-St-Zip: ISLAMORADA, FL 33036

Title: P ( ) Delete  
Name: SANDREY, GLORYANNE,  
Address: PO BOX 507  
City-St-Zip: ISLAMORADA, FL 33036

Title: V ( ) Delete  
Name: SANDREY, ALEXANDER  
Address: PO BOX 301  
City-St-Zip: ISLAMORADA, FL 33036

Title: S/D ( ) Delete  
Name: SANDREY, ILONA  
Address: MM 83 1/2  
City-St-Zip: ISLAMORADA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: SANDREY, CHRISTOPHER  
Address: 170 CARROLL ST  
City-St-Zip: ISLAMORADA, FL 33036

Title: P (X) Change ( ) Addition  
Name: SANDREY, GLORYANNE,  
Address: PO BOX 507  
City-St-Zip: ISLAMORADA, FL 33036

Title: V (X) Change ( ) Addition  
Name: SANDREY, ALEXANDER  
Address: PO BOX 301  
City-St-Zip: ISLAMORADA, FL 33036

Title: S/D (X) Change ( ) Addition  
Name: SANDREY, ILONA  
Address: MM 83 1/2  
City-St-Zip: ISLAMORADA, FL 33036

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER SANDREY

T

03/29/2009

Electronic Signature of Signing Officer or Director

Date