FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State
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1. Corporation Name

CHESAPEAKE MANOR, INC.

Principal Place of Business	Mailing Address
1417 CHESAPEAKE AVE NAPLES FL ~~33962~~ 34102	1417 CHESAPEAKE AVE BUILDING 1 NAPLES FL ~~00000~~ 34102 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/02/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1658281 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALDEMAN, ALOISE 2384 WASHINGTON AVE NAPLES FL 34112	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	DE-BOER, HAROLD		1.2 NAME		
STREET ADDRESS	1417 CHESAPEAKE AVE APT 108		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	V. President	☑ Change ☐ Addition
NAME	BOOMSMA, ARCHIE		2.2 NAME		
STREET ADDRESS	1417 CHESAPEAKE AVE APT102		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000 34102		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HALDEMAN, ALOISE		3.2 NAME		
STREET ADDRESS	2384 WASHINGTON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000 34112		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MUTTLE, MARIE		4.2 NAME		
STREET ADDRESS	1417 CHESAPEAKE AVE APT 201		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000 34102		4.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME	JABAAY, D		5.2 NAME	Rose Bordonaro (BORDONARO)	
STREET ADDRESS	1417 CHESAPEAKE AVE APT 108		5.3 STREET ADDRESS	1417 Chesapeake Ave apt 106	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Aloise Haldeman ALOISE HALDEMAN **SIGNATURE REQUIRED** 3/23/99 941-775-5849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #