

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90034 004 ****61.25

DOCUMENT # 715055 1. Entity Name CHESAPEAKE MANOR, INC.					
Principal Place of Business 1417 CHESAPEAKE AVE NAPLES FL 34102			Mailing Address 1417 CHESAPEAKE AVE BUILDING 1 NAPLES FL 34102 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1658281 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BORDONARO, ROSE A BLDG #2 UNIT # 106 1417 CHESAPEAKE AVE NAPLES FL 34102			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 <u><i>Rose A Bordonaro Treasurer</i></u> 2-5-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME BOOMSHA, ARCHIE STREET ADDRESS 1417 CHESAPEAKE AV #106 CITY-ST-ZIP NAPLES FL 34102	☒ Delete		TITLE PRES NAME DEBOER, HAROLD STREET ADDRESS 1417 CHESAPEAKE AV #108 CITY-ST-ZIP NAPLES, FL 34102	☒ Change ☐ Addition	
TITLE VP NAME DEBOER, HAROLD STREET ADDRESS 1417 CHESAPEAKE AV #108 CITY-ST-ZIP NAPLES FL 34102	☐ Delete		TITLE V.P. NAME SEAN KEENAN STREET ADDRESS 1417 CHESAPEAKE AV #203 CITY-ST-ZIP NAPLES, FL 34102	☒ Change ☒ Addition	
TITLE TD NAME BORDONARO, ROSE A STREET ADDRESS 1417 CHESAPEAKE AVE. UNIT 106 CITY-ST-ZIP NAPLES FL 34102	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE SD NAME MUTTLE, MARIE STREET ADDRESS 1417 CHESAPEAKE AVE APT 201 CITY-ST-ZIP NAPLES FL 34102	☒ Delete		TITLE SECY. NAME JERRY HOLLOWAY STREET ADDRESS 1417 CHESAPEAKE AV #208 CITY-ST-ZIP NAPLES, FL 34102	☐ Change ☒ Addition	
TITLE PD NAME ARCHIE, BOOMSHA STREET ADDRESS 1417 CHESAPEAKE AVE., APT. 106 CITY-ST-ZIP NAPLES FL 34102	☒ Delete		TITLE DIR. NAME JAMES RIETVELD STREET ADDRESS 1417 CHESAPEAKE AV #107 CITY-ST-ZIP NAPLES, FL 34102	☐ Change ☒ Addition	
TITLE D NAME SEITZ, EDWARD STREET ADDRESS 1417 CHESAPEAKE AV #204 CITY-ST-ZIP NAPLES FL 34102	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
12. 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 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 617, 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: <u><i>Rose A Bordonaro Treasurer</i></u>			2-5-04 774-4465		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		