# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# 715055

**Entity Name:** CHESAPEAKE MANOR, INC.

**Current Principal Place of Business:**

1417 CHESAPEAKE AVE
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1417 CHESAPEAKE AVE
BUILDING 1
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number: 59-1658281** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, LORA L
1417 CHESAPEAKE AVENUE
SUITE 201
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | KEENAN, AVA | |
| Address: | 1417 CHESAPEAKE AVENUE, SUITE #203 | |
| City-St-Zip: | NAPLES, FL 34102 | |
| Title: | S | ( ) Delete |
| Name: | OLIENICK, ROBERT | |
| Address: | 1417 CHESAPEAKE AVE #108 | |
| City-St-Zip: | NAPLES, FL 34102 | |
| Title: | TD | ( ) Delete |
| Name: | JONES, LORA L | |
| Address: | 1417 CHESAPEAKE AVENUE, SUITE #201 | |
| City-St-Zip: | NAPLES, FL 34102 | |
| Title: | D | ( ) Delete |
| Name: | GOODMAN, MARK | |
| Address: | 1417 CHESAPEAKE AVENUE, #101 | |
| City-St-Zip: | NAPLES, FL 34102 | |
| Title: | D | ( ) Delete |
| Name: | BOOMSMA, ARCHIE | |
| Address: | 1417 CHESAPEAKE AVE #102 | |
| City-St-Zip: | NAPLES, FL 34102 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | BORDONARO, ROSE | |
| Address: | 1417 CHESAPEAKE AVE #106 | |
| City-St-Zip: | NAPLES, FL 34102 | |

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

SIGNATURE: LORA JONES T 04/15/2009
Electronic Signature of Signing Officer or Director — Date