


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90033 034 ****61.25

DOCUMENT # 747541 1. Entity Name CHESAPEAKE POINT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1310 CHESAPEAKE AVENUE NAPLES, FL 34102	Mailing Address 1310 CHESAPEAKE AVENUE NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



07092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2098116	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 MEYER, JOHN W 1207 3RD STREET SOUTH SUITE 4 NAPLES, FL 33940

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE VP Pres	NAME NADEAU, ROBERT STREET ADDRESS 1302 CHESAPEAKE AVE., A-2 CITY-ST-ZIP NAPLES, FL 34102
TITLE TDS	NAME MCLAUCHLAN, BARBARA STREET ADDRESS 1322 CHESAPEAKE AVE C-1 CITY-ST-ZIP NAPLES, FL 34102
TITLE PRES	NAME COLEMAN, HARRY W STREET ADDRESS 1322 CHESAPEAKE AVE C-4 CITY-ST-ZIP NAPLES, FL 34102
TITLE VP & Sec.	NAME BEDNAR, ROSELLA STREET ADDRESS 1302 CHESAPEAKE AVE. A3 CITY-ST-ZIP NAPLES, FL 34102
TITLE SEC	NAME RICHARD, PARKER STREET ADDRESS 1322 CHESAPEAKE AVE C-3 CITY-ST-ZIP NAPLES, FL 34102
TITLE DIR	NAME MOONEY, NANCY STREET ADDRESS 1322 CHESAPEAKE AVE C-2 CITY-ST-ZIP NAPLES, FL 34102

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Barbara F. McLaughlan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08
Date

239-774-6857
Daytime Phone #