

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 747541

1. Entity Name  
CHESAPEAKE POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1310 CHESAPEAKE AVENUE  
NAPLES, FL 34102

Mailing Address  
1310 CHESAPEAKE AVENUE  
NAPLES, FL 34102

COPY

FILED

09 APR -7 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-2098116

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$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

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 reappointing)

DATE

Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 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 DIR VP & Sec.  
NAME BEDNAR, ROSELLA  
STREET ADDRESS 1302 CHESAPEAKE AVE. A3  
CITY-ST-ZIP NAPLES, FL 34102

TITLE DIR  
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

PB 61.25  
CK# 1478  
3/20/09

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04/07/09--01032--010 \*\*61.25

3/20/09

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. McLaughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

229-774-6857