

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36867 (2)

1. Corporation Name

CHESAPEAKE BAY VILLAS CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

% MARK J. WOODWARD, ESO.
801 LAUREL OAK DR., SUITE 640
NAPLES FL 33963

% MARK J. WOODWARD, ESO.
801 LAUREL OAK DR., SUITE 640
NAPLES FL 33963

3. Date Incorporated or Qualified

03/01/1990

4. FEI Number

65-0175199

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 34108 Country

28 Zip 34108 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD, MARK J., ESO.
WOODWARD, PIRES & ANDERSON, PA
801 LAUREL OAK DR., SUITE 640
NAPLES FL 33963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34108

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FERRAO, AUDREY J
STREET ADDRESS 4001 TAMiami TRAIL NORTH #350
CITY-ST-ZIP NAPLES FL

☒ DELETE

1.1 TITLE D
1.2 NAME Carol woods
1.3 STREET ADDRESS 1567 Chesapeake Ave
1.4 CITY-ST-ZIP Naples FL 34102

☒ Change ☐ Addition

TITLE STD
NAME WOODWARD, MARK J.
STREET ADDRESS 801 LAUREL OAK DR. #640
CITY-ST-ZIP NAPLES FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~403~~
NAME ~~WUENHASE, GEROLO~~
STREET ADDRESS ~~608 BALD EAGLE DR. #300~~
CITY-ST-ZIP ~~BRACE ISLAND FL~~

☒ DELETE

3.1 TITLE D
3.2 NAME Wyatt Thornhill
3.3 STREET ADDRESS 1571 Chesapeake Ave
3.4 CITY-ST-ZIP Naples FL 34102

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

4/16/98

901-394-1658

CP2E037 (1097)