

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N41527** (5)

1. Corporation Name

**CHESAPEAKE POINT MOBILE COURT HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

800 CHESAPEAKE DRIVE  
#55  
TARPON SPRINGS FL 34689

800 CHESAPEAKE DRIVE  
#55  
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified  
**12/18/1990**

3a. Date of Last Report  
**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **793 Chesapeake Dr.**

26 **793 Chesapeake Dr.**

4. FEI Number

**59-3045926**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

**# 8**

27 Suite, Apt. #, etc.

**# 8**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 City & State

**Tarpon Springs**

28 City & State

**Tarpon Springs**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 Zip

**34689**

25 Country

**Pinellas**

29 Zip

**34689**

30 Country

**Pinellas**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOLTZ, ROBERT E, SR  
800 CHESAPEAKE DR #55  
TARPON SPRINGS FL 34689

81 Name

**James K. Oexman**

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

**793 Chesapeake Dr. # 8**

83

84 City

**Tarpon Springs**

**FL**

85 Zip Code  
**34689**

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 **James K. Oexman President**

**James K. Oexman Pres 7-5-96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
NAME **SCHOLTZ, ROBERT E, SR**  
STREET ADDRESS **800 CHESAPEAKE DR #55**  
CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **D** ☒ DELETE  
NAME **CERUTTI, GORDON**  
STREET ADDRESS **800 CHESAPEAKE DR #12**  
CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **DS** ☒ DELETE  
NAME **SCHOLTZ, EUGENIE E**  
STREET ADDRESS **800 CHESAPEAKE DR #55**  
CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **DT** ☒ DELETE  
NAME **PROKOSH, ARTHUR**  
STREET ADDRESS **800 CHESAPEAKE DR #21**  
CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE **D** ☒ DELETE  
NAME **GODECKI, TONY**  
STREET ADDRESS **800 CHESAPEAKE DR #34**  
CITY - ST - ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **James K. Oexman** ☒ Change ☐ Addition  
1.2 NAME **793 Chesapeake Dr # 8**  
1.3 STREET ADDRESS **Tarpon Springs, FL 34689** ✓  
1.4 CITY - ST - ZIP

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **Milton Lewis**  
2.3 STREET ADDRESS **800 Chesapeake Dr. #3** ✓  
2.4 CITY - ST - ZIP **Tarpon Springs, FL 34689**

3.1 TITLE **DS** ☒ Change ☐ Addition  
3.2 NAME **Martha Kietzmann**  
3.3 STREET ADDRESS **800 Chesapeake Dr. #29** ✓  
3.4 CITY - ST - ZIP **Tarpon Springs, FL 34689**

4.1 TITLE **DT** ☒ Change ☐ Addition  
4.2 NAME **Carolyn Drury**  
4.3 STREET ADDRESS **800 Chesapeake Dr. # 33**  
4.4 CITY - ST - ZIP **Tarpon Springs, FL 34689**

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **James K. Oexman James K Oexman**

**7-5-96**

**813 942 2887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)