

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 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 # **N41527** (5)
1. Corporation Name
CHESAPEAKE POINT MOBILE COURT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business CHESAPEAKE POINT MOBILE COURT 800 CHESAPEAKE DR. #8 TARPON SPRINGS FL 34689 US	Mailing Address CHESAPEAKE POINT MOBILE COURT 800 CHESAPEAKE DR. #8 TARPON SPRINGS FL 34689 US
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

3. Date Incorporated or Qualified 12/18/1990	
4. FEI Number 59-3045926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COONEY, EDWIN M
800 CHESAPEAKE DR #8
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 **EDWIN M COONEY PRES** *Edwin M Cooney* **2-26-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	COONEY, EDWIN M
STREET ADDRESS	800 CHESAPEAKE DR. #8
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	1VPD <input type="checkbox"/> DELETE
NAME	BUBB, FRANK
STREET ADDRESS	800 CHESAPEAKE DR. #48
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	2VPD <input checked="" type="checkbox"/> DELETE
NAME	BANKS, CHRISTOPHER
STREET ADDRESS	800 CHESAPEAKE DR. #10
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	ERTLE, JUNE
STREET ADDRESS	800 CHESAPEAKE DR. #23
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	KIETZMAN, MARTHA
STREET ADDRESS	800 CHESAPEAKE DR. #20
CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SAME
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	SAME
2.4 CITY-ST-ZIP	
3.1 TITLE	2VPD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PETE FULVIO
3.3 STREET ADDRESS	800 CHESAPEAKE DR. #50
3.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DANNA DELONG
4.3 STREET ADDRESS	800 CHESAPEAKE DR. #11
4.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
5.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WARREN POST
5.3 STREET ADDRESS	800 CHESAPEAKE DR. #52
5.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *Edwin M Cooney* **EDWIN M COONEY** **2-26-97** **813-938-2659**

CP2E037 (10/97)