

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90042 037 ****70.00

DOCUMENT # N41527

1. Entity Name

CHESAPEAKE POINT MOBILE COURT HOMEOWNERS ASSOCIATION INC.

NC
A



Principal Place of Business

Mailing Address

CHESAPEAKE POINT MOBILE COURT
800 CHESAPEAKE DR. #26
TARPON SPRINGS FL 34689
US

CHESAPEAKE POINT MOBILE COURT
800 CHESAPEAKE DR. #26
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
DATE OF INCORPORATION: 12.18.1990

4. FEI Number

59-3045926

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST JACQUES, MAURICE P
800 CHESAPEAKE DRIVE #26
TARPON SPRINGS FL 34689

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **ST JACQUES, MAURICE P**
CITY-ST-ZIP **800 CHESAPEAKE DRIVE #26**
TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **1VPD**
STREET ADDRESS **BUBB, FRANK**
CITY-ST-ZIP **800 CHESAPEAKE DR. #48**
TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **2VPD**
STREET ADDRESS **HSAG, DOROTHY**
CITY-ST-ZIP **800 CHESAPEAKE DRIVE #24**
TARPON SPRINGS FL 34689

TITLE ☒ Change ☐ Addition
NAME **2VPD**
STREET ADDRESS **MICHAEL KAISER**
CITY-ST-ZIP **800 CHESAPEAKE DR #19**
TARPON SPRINGS FL. 34689

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **CARLSON, RANDY**
CITY-ST-ZIP **800 CHESAPEAKE DRIVE #20**
TARPON SPRINGS FL 34689

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **BETH RUST**
CITY-ST-ZIP **800 CHESAPEAKE DR #57**
TARPON SPRINGS FL. 34689

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **KIETZMAN, MARTHA**
CITY-ST-ZIP **800 CHESAPEAKE DRIVE #29**
TARPON SPRINGS FL 34689

TITLE ☒ Change ☐ Addition
NAME **S**
STREET ADDRESS **JULIA BATES**
CITY-ST-ZIP **800 CHESAPEAKE DR #15**
TARPON SPRINGS FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: MAURICE P. ST. JACQUES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17, 01 727 943-0594
Date Daytime Phone #

CR2E037 (10/00)