

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90045 010 ****61.25

DOCUMENT # N41527

1. Entity Name

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



Principal Place of Business

**793 CHESAPEAKE DRIVE
APT. #4
TARPON SPRINGS FL 34689
US**

Mailing Address

**793 CHESAPEAKE DRIVE
APT. #4
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



MOORE

CR2E037 (11/03)

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

**VAPORIS, E.J.
800 CHESAPEAKE DRIVE #46
TARPON SPRINGS FL 34689**

Name **PATRICIA BERG, TREASURER**

Street Address (P.O. Box Numbers Not Acceptable)
800 CHESAPEAKE DRIVE # 11

City **TARPON SPRINGS** FL Zip Code **34689**

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

Patricia C Berg

Patricia C Berg

3-4-04

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **1VPD** ☐ Delete
NAME **LEWIS, JEAN**
STREET ADDRESS **800 CHESAPEAKE DR, #3**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **2VPD** ☐ Delete
NAME **KAISER, MICHAEL**
STREET ADDRESS **800 CHESAPEAKE DR #19**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **T** ☐ Delete
NAME **BERG, PATRICIA**
STREET ADDRESS **800 CHESAPEAKE DR, #11**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

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

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

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:

Patricia C Berg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-04

Date

7279432255

Daytime Phone #