

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90048 012 \*\*\*\*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

800 CHESAPEAKE DRIVE  
NO. 11  
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

4. FEI Number

59-3045926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**BERG, PATRICIA TREAS.**  
**800 CHESAPEAKE DRIVE #11**  
**TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name *Patricia Berg - Treasurer - 5*  
Street Address (P.O. Box Number is Not Acceptable)  
*800 Chesapeake Dr Lot 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

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, 2005**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ST. JACQUES, MAURICE	
STREET ADDRESS	800 CHESAPEAKE DRIVE, #26	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	LEWIS, JEAN	
STREET ADDRESS	800 CHESAPEAKE DR, #3	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	KAISER, MICHAEL	
STREET ADDRESS	800 CHESAPEAKE DR #19	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERG, PATRICIA	
STREET ADDRESS	800 CHESAPEAKE DR, #11	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BATES, JULIA	
STREET ADDRESS	800 CHESAPEAKE DR # 15	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>5 Berg Patricia</i>
STREET ADDRESS	<i>800 Chesapeake Dr. #11</i>
CITY-ST-ZIP	<i>Tarpon Springs FL 34689</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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*

*3-30-05*

*727-9432755*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #