


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 800 Chesapeake Dr Suite, Apt. #, etc. Lot 11		3. Mailing Address 800 Chesapeake Dr. Suite, Apt. #, etc. Lot 11	
City & State Tarpon Springs, FL Zip 34689 Country US		City & State Tarpon Springs, FL Zip 34689 Country US	
4. FEI Number 59-3045926		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE	P	<input checked="" type="checkbox"/> Delete	ST. JACQUES, MAURICE 800 CHESAPEAKE DRIVE, #26 TARPON SPRINGS, FL 34689
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	1VPD	<input type="checkbox"/> Delete	LEWIS, JEAN 800 CHESAPEAKE DR, #3 TARPON SPRINGS, FL 34689
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	2VPD	<input type="checkbox"/> Delete	KAISER, MICHAEL 800 CHESAPEAKE DR #19 TARPON SPRINGS, FL 34689
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete	BERG, PATRICIA 800 CHESAPEAKE DR, #11 TARPON SPRINGS, FL 34689
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete	BERG, PATRICIA 800 CHESAPEAKE DR #11 TARPON SPRINGS, FL 34689
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE P McLaughlin, Neal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 800 Chesapeake Dr. STREET ADDRESS Lot 2 CITY-ST-ZIP Tarpon Springs, FL 34689 TITLE 20005652522 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 06/27/05--01004--001 STREET ADDRESS **\$61.25 CITY-ST-ZIP TITLE S Blay Phillip <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 800 Chesapeake Dr STREET ADDRESS Lot 12 CITY-ST-ZIP Tarpon Springs, FL 34689 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: <u>Patricia Berg</u> <u>5-9-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

FILED

05 JUN 14 AM 8:57

SECRET
FALL 2005



05092005 Chg-NP CR2E037 (10/03)