

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006215

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** CHESAPEAKE PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

431 WAVERLY ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 59-3594151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ISAACS, DAN L  
431 WAVERLY ROAD  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GOULD, RACHEL  
Address: 2744 TESS CURCKE  
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete  
Name: WEST, BOB  
Address: 5396 APPLIEDORE LANE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WEST, BOB  
Address: 5396 APPLIEDORE LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DS (X) Change ( ) Addition  
Name: MOORE, MICHELE  
Address: 10538 WINTERS RUN  
City-St-Zip: TALLAHASSEE, FL 32312

Title: DVP ( ) Change (X) Addition  
Name: MILLER, DOUG  
Address: 4213 RABBIT POND ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB WEST

P

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date