

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715055

Entity Name: CHESAPEAKE MANOR, INC.**Current Principal Place of Business:**RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE 215
NAPLES, FL 34104**Current Mailing Address:**2685 HORSESHOE DR S.
STE#215
NAPLES, FL 34104 US**FEI Number:** 59-1658281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FALK LAW FIRM, P.A.
7400 TRAIL BLVD
NAPLES, FL 34108 US*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:** STEVEN FALK

04/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CONCIALDI, DOUGLAS
Address	2685 HORSESHOE DR S. STE#215
City-State-Zip:	NAPLES FL 34104

Title	VP
Name	PLANO, VITO
Address	2685 HORSESHOE DR S. STE#215
City-State-Zip:	NAPLES FL 34104

Title	SECRETARY
Name	GOODMAN, MARK
Address	2685 HORSESHOE DR S. STE#215
City-State-Zip:	NAPLES FL 34104

Title	TREASURER
Name	CHAPMAN, BRUCE
Address	2685 HORSESHOE DR S. STE#215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	THUMASSEN, PATRICIA
Address	2685 HORSESHOE DR S. STE#215
City-State-Zip:	NAPLES FL 34104

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS CONCIALDI

PRES

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date