

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729375 (6)
1. Corporation Name
CANDLEWYCK EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1300 VILLAGE WAY 1300 VILLAGE WAY
P.O. BOX 574554 P.O. BOX 574554
ORLANDO FL 32857-1554 ORLANDO FL 32857-1554

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/16/1974		03/07/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		23-7368899		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

EPPINGER, JEAN
1304 VILLAGE WAY
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name	Robert Hadley
82 Street Address (P.O. Box Number is Not Acceptable)	1257 AMERICANA PLACE
83 City	Orlando
84 State	FL
85 Zip Code	32807

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert W. Hadley

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 24, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	EPPINGER, JEAN	1.2 NAME	HADLEY, Robert
STREET ADDRESS	1304 VILLAGE WAY	1.3 STREET ADDRESS	1257 AMERICANA PLACE
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	Orlando, FL 32807
TITLE	VD	2.1 TITLE	VD
NAME	PEARCE, ROBERT	2.2 NAME	MARU, ROSARIO
STREET ADDRESS	1245 AMERICANA PLACE	2.3 STREET ADDRESS	1235 CARRIAGE LANE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	SD	3.1 TITLE	SD
NAME	SHAKAR, MIKE	3.2 NAME	MILLER, ALVILDA
STREET ADDRESS	1203 CARRIAGE LANE	3.3 STREET ADDRESS	1264 VILLAGE WAY
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	TD	4.1 TITLE	TP
NAME	THOMAS, ROBERT	4.2 NAME	SHAKAR, Michael
STREET ADDRESS	1206 CARRIAGE LANE	4.3 STREET ADDRESS	1203 CARRIAGE LANE
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32807
TITLE	D	5.1 TITLE	D
NAME	HADLEY, ROBERT	5.2 NAME	REBER, Lucille
STREET ADDRESS	1257 AMERICANA PLACE	5.3 STREET ADDRESS	1250 VILLAGE WAY
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32807
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert W. Hadley* ROBERT W. HADLEY FEB 27, 1996 273-88164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)