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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32857-4554

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 04/16/1974 3a. Date of Last Report 03/05/1996
4. FEI Number 23-7368899 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
HADLEY, ROBERT
1257 AMERICANA PLACE
ORLANDO FL 32807

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME HADLEY, ROBERT
STREET ADDRESS 1257 AMERICANA PLACE
CITY-ST-ZIP ORLANDO, FL 00000
TITLE VD ☐ DELETE
NAME MARU, ROSARIO
STREET ADDRESS 1235 CARRIAGE LANE
CITY-ST-ZIP ORLANDO FL
TITLE SD ☒ DELETE
NAME SHAKAR, MIKE
STREET ADDRESS 1203 CARRIAGE LANE
CITY-ST-ZIP ORLANDO FL
TITLE TD ☒ DELETE
NAME SHAKAR, MICHAEL
STREET ADDRESS 1203 CARRIAGE LANE
CITY-ST-ZIP ORLANDO FL
TITLE D ☒ DELETE
NAME HADLEY, ROBERT
STREET ADDRESS 1257 AMERICANA PLACE
CITY-ST-ZIP ORLANDO FL
TITLE D ☒ DELETE
NAME REBER, LUCILLE
STREET ADDRESS 1250 VILLAGE WAY
CITY-ST-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Ruth Fedirko
3.3 STREET ADDRESS 1279 Heritage Lane
3.4 CITY-ST-ZIP Orlando, FL 32807
4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Lester Sutton
4.3 STREET ADDRESS 1234 Village Way
4.4 CITY-ST-ZIP Orlando FL 32807
5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Charlotte Cox
5.3 STREET ADDRESS 1312 Village Way
5.4 CITY-ST-ZIP Orlando FL 32807
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 1/11/97 407-273-4814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018064

CR2E037 (9/96)