

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 729375**

1. Entity Name

CANDLEWYCK EAST HOMEOWNERS ASSOCIATION, INC.**FILED****May 13, 2002 8:00 am**
Secretary of State

05-13-2002 90120 013 ****61.25

Principal Place of Business

**1300 VILLAGE WAY
ORLANDO FL 32807
US**

Mailing Address

**1300 VILLAGE WAY
ORLANDO FL 32807
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7368899

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HADLEY, ROBERT
1257 AMERICANA PLACE
ORLANDO FL 32807**

7. Name and Address of New Registered Agent

Name

Robert J. Thomas

Street Address (P.O. Box Number is Not Acceptable)

1206 CARRIAGE LANE

City

Orlando**FL**

Zip Code

32807

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	HADLEY, ROBERT	1257 AMERICANA PLACE	ORLANDO FL 32807	Sutton, Lester	TD	1234 VILLAGE WAY	Orlando, FL 32807
VD	THOMAS, ROBERT	1206 CARRIAGE LANE	ORLANDO FL 32807	PD	Thomas, Robert	SAME	
SD	SHAKAR, LINDA	1203 CARRIAGE LANE	ORLANDO FL 32807	Same			
TD	MARCHESE, IGNTIUS	1281 VIRGINIAN DRIVE	ORLANDO FL 32807	Lee, William	VP	1298 VIRGINIAN DR.	Orlando FL 32807
D	WILLIAMS, FLORENCE	1233 CARRIAGE LANE	ORLANDO FL 32807	SAME			

CR2E037 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-273-4814