


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90151 039 ****61.25

| | | | | | |
|--|---|---|--|---|---|
| DOCUMENT # 729375 1. Entity Name CANDLEWYCK EAST HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| 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 - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 1122 Ayshire St Suite, Apt. #, etc. | | | |
| City & State | | City & State ORLANDO, FL | | | |
| Zip | Country | Zip 32803 | Country USA | 4. FEI Number 23-7368899 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HADLEY, ROBERT 1300 VILLAGE WAY ORLANDO, FL 32807 | | | 7. Name and Address of New Registered Agent Name STERLING, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1300 VILLAGE WAY 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u><i>Michael Sterling</i></u> MICHAEL STERLING <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STERLING, MICHAEL 5836 LACOSTA DRIVE ORLANDO, FL 32807 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STERLING, MICHAEL 5836 LACOSTA DRIVE ORLANDO, FL 32807 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BAKER, SALLY 5948 LACOSTA DRIVE ORLANDO, FL 32807 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T VERA, DOROTEO (TED) 1312 VILLAGE WAY ORLANDO, FL 32807 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HADLEY, ROBERT 1257 AMERICANA PLACE ORLANDO, FL 32807 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S OLONO, LOUIS 5824 La Costa Drive Orlando, FL 32807 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MAL KATYNISKI, PETER 1207 CARRIAGE LN ORLANDO, FL 32807 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DeLa Rosa, Tiroso 1284 Heritage Lane Orlando, FL 32807 |
| | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Michael Sterling</i></u> MICHAEL STERLING 4/28/08 407-382-1103 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |