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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06252

1. Corporation Name

CANDLELIGHT PARK MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5731 S. STATE ROAD #7
FT. LAUDERDALE FL 33314

Mailing Address

5731 S. STATE ROAD #7
FT. LAUDERDALE FL 33314



2. Principal Place of Business

21 **5572 JOHN CIR**

Suite, Apt. #, etc.

22 **DAVIE FLORIDA**

City & State

23 **33314-6431**

Zip

Country

24

2a. Mailing Address

26 **5572 JOHN CIR.**

Suite, Apt. #, etc.

27 **DAVIE FLORIDA**

City & State

28 **33314-6431**

Zip

Country

29 **U.S.A.**

30

3. Date Incorporated or Qualified

11/20/1984

4. FEI Number

59-2511400

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

9. Name and Address of Current Registered Agent

GOLDMAN, MIKE
5648 DICK CIRCLE
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name **BOUDRAULT HUGUETTE**

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

5572 JOHN CIR

83

84 City **DAVIE**

FL

85 Zip Code

33314-6431

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

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

(NOTE: Registered Agent signature required when registering)

DATE

March 1, 99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BOUDRAULT, CLAUDE**
STREET ADDRESS **5572 JOHN CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☒ DELETE
NAME **GOLEMAN, MIKE**
STREET ADDRESS **5648 DICK CIRCLE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **TD** ☐ DELETE
NAME **TOUTAN, JOSEPH**
STREET ADDRESS **5643 DEBBIE CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **SD** ☐ DELETE
NAME **BOUDRAULT, HUGUETTE**
STREET ADDRESS **5572 JOHN CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VD** ☒ DELETE
NAME **ROBILLARD, JULIEN**
STREET ADDRESS **5679 DUANE CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DAVIE, FL 33314** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **DAVIE FL. 33314**
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **DAVIE, FL. 33314**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **VD**
5.3 STREET ADDRESS **PROVOST, NORMAND**
5.4 CITY-ST-ZIP **5658 FRED CIRCLE**
DAVIE, FL. 33314

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Huguette Boudrault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGUETTE BOUDRAULT

March 1, 99 **954-584-5805**

Date

Daytime Phone #

CR2E037 (11/98)