

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004616

1. Entity Name

CANDLEWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4400 WEST SAMPLE ROAD, STE. 200
COCONUT CREEK FL 33073-3450

Mailing Address

4400 WEST SAMPLE ROAD, STE. 200
COCONUT CREEK FL 33073-3473

2. Principal Place of Business

c/o CAMS

Suite, Apt. #, etc.

314 NE 3rd street

City & State

Boynton Beach

Zip

FL

Country

U.S.A.

3. Mailing Address

c/o CAMS

Suite, Apt. #, etc.

314 NE 3rd street

City & State

Boynton Beach, FL

Zip

33435

Country

U.S.A.

6. Name and Address of Current Registered Agent

MINTO COMMUNITIES, INC.
4400 WEST SAMPLE ROAD, STE. 200
COCONUT CREEK FL 33073-3450

7. Name and Address of New Registered Agent

Name
KENNETH S. DIREKTOR, ESQ.

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

500 Australian Ave. South, 9th Floor

BECKER & POLIAKOFF, P.A.

City

West Palm Beach

FL

Zip Code
33470

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:

GERARDO L. REQUENA

Date

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90041 011 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0663250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)