

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90352 001 *****8.75
04-18-2001 90352 002 *****61.25

DOCUMENT # N95000004616

1. Entity Name

CANDLEWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**314 NE 3RD STREET
BOYNTON BEACH FL 33435**

Mailing Address

**314 NE 3RD STREET
BOYNTON BEACH FL 33435**

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

65-0663250

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

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 **Edward Dicker**

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

500 Australian Ave

City

West Palm Beach

FL

Zip Code

33418

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

Edw Dicker

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

(NOTE: Registered Agent signature required when reinstating)

3/7/01

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 **DP** ☒ Delete
NAME **BEER, T.**
STREET ADDRESS **4400 WEST SAMPLE ROAD, STE. 200**
CITY-ST-ZIP **COCONUT CREEK FL 33073-3450**

TITLE **DV** ☒ Delete
NAME **CLEMENT, GARY**
STREET ADDRESS **4400 W SAMPLE 200**
CITY-ST-ZIP **COCONUT CREEK FL 33073-3450**

TITLE **DST** ☒ Delete
NAME **RODGERS, FRANK**
STREET ADDRESS **4400 WEST SAMPLE ROAD, STE. 200**
CITY-ST-ZIP **COCONUT CREEK FL 33073-3450**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Patricia MacDonald**
STREET ADDRESS **7606 Rockport Circle**
CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **VP** ☐ Change ☒ Addition
NAME **Rudolph Questell**
STREET ADDRESS **7517 Sally Lynn Lane**
CITY-ST-ZIP **Lakewood FL 33467**

TITLE **T** ☐ Change ☒ Addition
NAME **marie mcGillcuddy**
STREET ADDRESS **7647 Rockport Circle**
CITY-ST-ZIP **Lake Worth FL 33467**

TITLE **S** ☐ Change ☒ Addition
NAME **Kathryn Sinicrope**
STREET ADDRESS **7588 Rockport Circle**
CITY-ST-ZIP **Lake worth FL 33467**

TITLE **D** ☐ Change ☒ Addition
NAME **Evans ST VII**
STREET ADDRESS **7978 Rockport Circle**
CITY-ST-ZIP **Lake Worth FL 33467**

TITLE ☐ Change ☒ Addition
NAME
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:

Patricia MacDonald **3/28/01 (561) 966-5819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)