

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90217 012 ****61.25

DOCUMENT # N95000004616

1. Entity Name

CANDLEWOOD VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**322 NE 3RD ST
BOYNTON BEACH FL 33435**

Mailing Address

**322 NE 3RD ST
BOYNTON BEACH FL 33435**

94061889

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

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

**EDWARD DICKER ESQ DICKER, KRIVOK P.A.
1818 AUSTRALIAN AVE S STE 400
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **BERMAN, JEROME**
STREET ADDRESS **7587 ROCKPORT CIR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **SO** ☒ Delete
NAME **LANDIN, JACQUELINE**
STREET ADDRESS **7672 ROCKPORT CIR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☐ Delete
NAME **FEHRIBACH, MICHEAL**
STREET ADDRESS **7937 ROCKPORT CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **VP** ☐ Delete
NAME **PERUSO, JOHN**
STREET ADDRESS **6914 DAWNTREE CT**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☒ Delete
NAME **PALMESI, MARIE L**
STREET ADDRESS **7942 ROCKPORT CIR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **Michael Fehribach**
STREET ADDRESS **7937 Rockport Circle**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SO** ☐ Change ☒ Addition
NAME **Karen Easen**
STREET ADDRESS **7858 Rockport Circle**
CITY-ST-ZIP **Lake Worth FL 33467**

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

4/6/04

954-777-5040