2007 NOT-FOR-PROFIT CORPORATION

Mar 26, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # N95000004616 03-26-2007 90050 024 ****61.25 CANDLEWOOD VILLAGE HOMEOWNERS ASSOCIATION, Principal Place of Business Mailing Address 314 NE 3RD STREET 314 NE 3RD STREET **BOYNTON BEACH, FL 33435** BOYNTON BEACH, FL 33435 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0663250 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARD DICKER ESQ DICKER, KRIVOK P.A. 1818 AUSTRALIAN AVE S STE 400 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH; FL 33409 Zip Code FL 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TD TITLE Delete TITLE ☐ Change Addition clark Philip Mark BERMAN, JEROME NAME NAME 7576 Rockport Circle 7587 ROCKPORT CIR STREET ADDRESS STREET ADDRESS Lake Worth, FL 33467 CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP Addition Delete TITLE TITLE Change Swann William 7665 Rockport Circle GORID, SHELDON NAME NAME STREET ADDRESS 7714 ROCKPORT CIRCLE STREET ADDRESS Lake worth, FL 33467 LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PERUSO, JOHN NAME NAME STREET ADDRESS 6914 DAWNTREE CT STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition ROSEN, KAREN NAME STREET ADDRESS 7858 ROCKPORT CIRCLE STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE SD **Change** Addition STERN, KEITH NAME 7859 ROCKPORT CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 requiver 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:

FRUSO

FILED