


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

08-28-2007 90024 018 \*\*\*\*61.25

<b>DOCUMENT # 769320</b>	
1. Entity Name <b>CANDELERO COURT VILLAS CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>3809 LAVISTA CIRCLE JACKSONVILLE, FL 32217 US</b>	Mailing Address <b>% PROPERTY SERVICES INC. 8641 BAYPINE ROAD, SUITE 1 JACKSONVILLE, FL 32256 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4

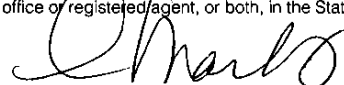


07252007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2472991</b>	Applied For <input type="checkbox"/> Not Applicable
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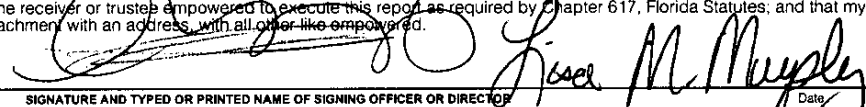
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PROPERTY SERVICES, INC. 8641 BAYPINE ROAD SUITE 1 JACKSONVILLE, FL 32256</b>	7. Name and Address of New Registered Agent Name <b>MAY MANAGEMENT SERVICES, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>5455 AIA SOUTH</b> City <b>ST AUGUSTINE</b> <b>FL</b> Zip Code <b>32080</b>
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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 <b>ANNA M MARKS</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ALLEGRO, JAMES</b>		NAME <b>MARY ALICE KIVLER</b>	
STREET ADDRESS <b>3809 LA VISTA CIR SUITE 230</b>		STREET ADDRESS <b>3809 LA VISTA CIR #235</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>		CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HAAG, SUSAN</b>		NAME <b>WENDY STEVENS</b>	
STREET ADDRESS <b>3710 CATHEDRAL OAKS PL S</b>		STREET ADDRESS <b>3809 LA VISTA CIR #32217</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>		CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MURPHY, LISA</b>		NAME <b>LISA MURPHY</b>	
STREET ADDRESS <b>3809 LAVISTA CIRCLE # 238</b>		STREET ADDRESS <b>3809 Lavista Cir #238</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>		CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CORNELIUS, CAROL</b>		NAME	
STREET ADDRESS <b>3809 LA VISTA CIR SUITE 222</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>		CITY-ST-ZIP	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RIVERA, RAY</b>		NAME <b>SALLY GROOTZKE</b>	
STREET ADDRESS <b>3809 LA VISTA CI SUITE 234</b>		STREET ADDRESS <b>3809 La Vista Circle #239</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>		CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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: 	Date <b>9-1-288-01</b> Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	