

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005822

FILED
Mar 19, 2007
Secretary of State

Entity Name: THE TOWNHOMES AT CANDELERO COURT ASSOCIATION, INC.

Current Principal Place of Business:

C/O AWAKENINGS ASSOC. MGMT., INC
4213 COUNTY RD 218, STE 1
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

C/O AWAKENINGS ASSOC. MGMT., INC
4213 COUNTY RD 218, STE 1
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-3670968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELCOMYN, VINA
4213 COUNTR RD 218
STE 1
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP/D () Delete
Name: HAYFLICK, ROBERT
Address: 3819 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP/D () Delete
Name: GENZLER, SHELDON
Address: 3825 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HAYFLICK, ROBERT
Address: 3819 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: T/D (X) Change () Addition
Name: GENZLER, SHELDON
Address: 3825 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD () Change (X) Addition
Name: MICHAEL, JOHN
Address: 3839 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Change (X) Addition
Name: JONES, ARTHUR
Address: 3833 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Change (X) Addition
Name: VAGENAS, DAPHNE
Address: 3829 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HAYFLICK

PRES

03/19/2007

Electronic Signature of Signing Officer or Director

Date