


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 013 ****61.25

DOCUMENT # N04000005067		
1. Entity Name CANDLER HILLS NEIGHBORHOOD ASSOCIATION, INC.		

Principal Place of Business 8447 SOUTHWEST 99TH STREET ROAD OCALA, FL 34481	Mailing Address 8447 SOUTHWEST 99TH STREET ROAD OCALA, FL 34481
---	---

50026638



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242005 Chg-NP CR2E037 (10/03)

4. FEI Number 14-1910809	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLEN, GERALD R ESQ. C/O DEVITO & COLEN 7243 BRYAN DAIRY ROAD LARGO, FL 33777		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

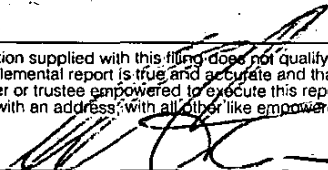
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEN, KENNETH D	NAME	
STREET ADDRESS	8447 SOUTHWEST 99TH STREET ROAD	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34481	CITY-ST-ZIP	
TITLE	VCPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARNADA, PHILIP	NAME	
STREET ADDRESS	8447 SOUTHWEST 99TH STREET ROAD	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34481	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAROSZ, ELAINE	NAME	
STREET ADDRESS	8447 SOUTHWEST 99TH STREET ROAD	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34481	CITY-ST-ZIP	
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	
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	
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 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:  **Kenneth D Colen** **352-873-0848**
Signature and typed or printed name of signing officer or director Date Daytime Phone #