## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21295

FILED Feb 27, 2009 Secretary of State

Entity Name: CANDLEWOOD HOMEOWNERS, INC.

**Current Principal Place of Business:** New Principal Place of Business: % PRIME MANAGEMENT GROUP 3901 N. FEDERAL HIGHWAY 6300 PARK OF COMMERCE DRIVE 202 BOCA RATON, FL 33487 BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 6300 PARK OF COMMERCE DRIVE 3901 N. FEDERAL HIGHWAY BOCA RATON, FL 33487 202 BOCA RATON, FL 33431 US FEI Number: 59-2765619 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, P.A. 2255 GLADES ROAD SUITE 300E BOCA RATON, FL 33431 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SALOMON, PATRICIA R Name: Name: 3854 CANDLEWOOD COURT Address: Address: City-St-Zip: BOCA RATON, FL 33487 US City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition BOYER, THOMAS Name: WEINBERG, FRED Name: Address: 3823 CANDLEWOOD COURT Address: 3886 CANDLEWOOD COURT City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487 Title: SEC () Delete Title: () Change () Addition CHAPKIN, STEVEN W Name: Name: Address: 17747 CANDLEWOOD TERRACE Address: City-St-Zip: BOCA RATON, FL 33487 US City-St-Zip: Title: VΡ () Delete Title: PR (X) Change ( ) Addition Name: LEWIS, HERBERT Name: LEWIS, HERBERT 17664 CANDLEWOOD TERRACE 17664 CANDLEWOOD TERRACE Address: Address: City-St-Zip: BOCA RATON, FL 33487 US City-St-Zip: BOCA RATON, FL 33487 US Title: () Delete Title: () Change () Addition ANDERSON, CARY Name: Name: 3831 CANDLEWOOD COURT Address: Address: City-St-Zip: BOCA RATON, FL 33487 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HERB LEWIS P 02/27/2009