

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39356

FILED
Apr 30, 2008
Secretary of State

Entity Name: CANDLEWOOD RESIDENT'S ASSOCIATION, INC.

Current Principal Place of Business:

503 CHATHAM CIR
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110028
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 65-0223660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCER, MELISSA
452 CORBEL DRIVE
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

PLESHA, ELENA
503 CHATHAM CIR
NAPLES, FL 34110 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: ELENA PLESHA 04/30/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MERCER, MELISSA
Address: 452 CORBEL DRIVE
City-St-Zip: NAPLES, FL 341101180

Title: VPD () Delete
Name: JACKSON, MARGARET
Address: 519 CHATHAM CIR
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: PLESHA, ELENA
Address: 503 CHATHAM CIR
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: LENNERTZ, SUSAN
Address: 425 CANDLEWOOD LANE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: ULLRICH, SHEILA
Address: 433 CANDLEWOOD LANE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIKES, JASON
Address: 487 CHATHAM CIR
City-St-Zip: NAPLES, FL 341101180

Title: VPD (X) Change () Addition
Name: BAKER, TROY
Address: 512 CHATHAM CIR
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MERCER, MELISSA
Address: 452 CORBEL DR
City-St-Zip: NAPLES, FL 34110

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: ELENA PLESHA TD 04/30/2008

Electronic Signature of Signing Officer or Director Date