

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001170

FILED  
Aug 31, 2006  
Secretary of State

**Entity Name:** CANDLEWOOD TWO RESIDENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

558 CORBEL DR.  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

558 CORBEL DR.  
NAPLES, FL 34110 US

**New Mailing Address:**

**FEI Number:** 65-0652016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HOGG, ANNE  
558 CORBEL DRIVE  
STE. 108  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

HOGG, ANNE  
558 CORBEL DRIVE  
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:

08/31/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WIENK, STEPHANIE  
Address: 581 CORBEL DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: STD ( ) Delete  
Name: HOGG, ANNE  
Address: 558 CORBEL DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: VD ( ) Delete  
Name: WHITE, ALLISON  
Address: 598 CORBEL DRIVE  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ANN E. HOGG

STD

08/31/2006

Electronic Signature of Signing Officer or Director

Date