

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

06-07

FILED

2007 JAN 29 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01082007 REIN-NP CR2E099 (11/05)

<b>DOCUMENT # N99000006626</b> 1. Entity Name <b>CANDLEWOOD THREE RESIDENT'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>536 CARPENTER COURT NAPLES, FL 34110</b>			Mailing Address <b>536 CARPENTER COURT NAPLES, FL 34110</b>		
2. Principal Place of Business <b>535 Carpenter Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>535 Carpenter Ct.</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3608778</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>			
Zip <b>34110</b>		Zip <b>34110</b>			
Country <b>US</b>		Country <b>US</b>			
6. Name and Address of Current Registered Agent  <b>FISH, JOHN J 536 CARPENTER COURT NAPLES, FL 34110</b>				7. Name and Address of New Registered Agent Name <b>Karen Butera</b> Street Address (P.O. Box Number is Not Acceptable) <b>535 Carpenter Ct.</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34110</b>	
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 <u><i>Karen Butera</i></u> <b>Treasurer</b> <span style="float: right;">1-25-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRWIN, JAMES P 548 CARPENTER COURT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Kenneth Lamparyk (D) 544 Carpenter Ct Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRICKETT, WILLIAM 581 CARPENTER COURT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D James Beam (D) 497 Corbel Dr. Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRWIN, JAMES P 548 CARPENTER COURT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID Anne Dimsted 514 Corbel Dr. Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRICKETT, WILLIAM 531 CARPENTER COURT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Karen Butera 535 Carpenter Ct. Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUTERA, KATHY 535 CARPENTER COURT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold;">600087204216</div> 02/05/07--01003--025 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEAKE, KELLY 532 CARPENTER COURT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Karen Butera</i></u> <b>Karen Butera</b>				1-25-07 (239) 597-2301	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	