

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006626

FILED
Apr 27, 2009
Secretary of State

Entity Name: CANDLEWOOD THREE RESIDENT'S ASSOCIATION, INC.

Current Principal Place of Business:

535 CARPENTER CT
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

535 CARPENTER CT
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-3608778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTERA, KAREN
535 CARPENTER COURT
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LAMPARYK, KENNETH
Address: 544 CARPENTER COURT
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: LAMPARYK, KENNETH
Address: 544 CARPENTER CT
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: OLMSTED, ANNE
Address: 514 CORBEL DRIVE
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: BUTERA, KATHY
Address: 535 CARPENTER COURT
City-St-Zip: NAPLES, FL 34110

Title: PD (X) Delete
Name: SYNDALL, SHAWN
Address: 532 CARPENTER CT
City-St-Zip: NAPLES, FL 34110

Title: SD (X) Delete
Name: BURGESS, CINDY
Address: 506 CARBEL DR
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEAM, JAMES
Address: 497 CORBEL DRIVE
City-St-Zip: NAPLES, FL 34110

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

Title: SD (X) Change () Addition
Name: PIERCE, HEATHER
Address: 506 CORBEL DRIVE
City-St-Zip: NAPLES, FL 34110

Title: TD (X) Change () Addition
Name: BUTERA, KAREN
Address: 535 CARPENTER COURT
City-St-Zip: NAPLES, FL 34110

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 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: KAREN BUTERA

TD

04/27/2009

Electronic Signature of Signing Officer or Director

Date