

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N00443** (4)  
1. Corporation Name  
**CAREFREE RV COUNTRY CLUB OF WINTER HAVEN, INC.**



Principal Place of Business: 9705 LAKE BESS RD. WINTER HAVEN FL 33884  
Mailing Address: 9705 LAKE BESS RD. WINTER HAVEN FL 33884

3. Date Incorporated or Qualified: 12/19/1983  
3a. Date of Last Report: 04/27/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-2784567	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RABIN, BENNETT L BECKER & POLIAKOFF, PA 5999 CENTRAL AVE., STE 104 ST. PETERSBURG FL 33710	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CARLIN, JAMES 9705 LAKE BESS RD. L576 WINTER HAVEN FL	1.1 TITLE	DP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	<del>DE</del> JAGT, DAVID 9705 LAKE BESS RD. L #891 WINTER HAVEN FL	2.1 TITLE	D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	DS HOULIHAN, MARGARET 9705 LAKE BESS ROAD L720 WINTER HAVEN FL	3.1 TITLE	DS Rogers, Charles 9705 Lake Bess Rd Lot 555 Winter Haven FL 33884 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	DT VAN BREE, ELSIE P 9705 LAKE BESS RD #853 WINTER HAVEN FL	4.1 TITLE	Zook, Robert 9705 Lake Bess Rd Winter Haven FL 33884 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	DP HUGHES, MELVIN C 9705 LAKE BESS RD 687 WINTER HAVEN FL	5.1 TITLE	DV Novodvorsky DAN 9705 Lake Bess Rd Lot 759 Winter Haven FL 33884 Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	D ROGERS, CHARLES 9705 LAKE BESS RD. L555 WINTER HAVEN FL	6.1 TITLE	D LINNERUD, DONALD 9705 Lake Bess Rd Lot 761 Winter Haven, FL 33884 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles A Rogers* 3/1/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (12/95)