

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90315 027 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

60025148



03022006 No Chg-NP CR2E037 (11/05)

DOCUMENT # N00443
 1. Entity 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

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2784567
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~AVRETT, JAMES T CAM~~ ED RAWLES
 9705 LAKE BESS RD. - OFFICE
 WINTER HAVEN, FL 33884

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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: Ed Rawles
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	COWEL, DELMAR DON COLLINS #1019
STREET ADDRESS	9705 LAKE BESS RD, #886
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	P
NAME	ROGERS, CHARLES
STREET ADDRESS	9705 LAKE BESS ED #555
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	S
NAME	ZAUN, DUANE
STREET ADDRESS	9705 LAKE BESS RD #364
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	T
NAME	ROBERTSON, ENNIS
STREET ADDRESS	9705 LAKE BESS RD #253
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ennis Robertson 3-29-06 863 324 3892
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #