

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90172 022 \*\*\*\*61.25

**DOCUMENT # N97000000019**

1. Entity Name

**CAREFREE CLUBHOUSE CORPORATION**

Principal Place of Business

Mailing Address

**3000 CAREFREE BLVD.  
 FORT MYERS FL 33917**

**3000 CAREFREE BLVD.  
 FORT MYERS FL 33917**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0715178**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **MJ Walsh**

Street Address (P.O. Box Number is Not Acceptable)

**3000 Carefree Blvd**

City **Ft Myers**

**FL**

Zip Code **33917**

**SOUZA, ALICE D  
 3000 CAREFREE BLVD.  
 FORT MYERS FL 33917**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-22-02**

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME **PTD RAZETE, GINA** ☒ Delete  
 STREET ADDRESS **3000 CAREFREE BLVD.**  
 CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE  
 NAME **Director MJ Walsh** ☐ Change ☒ Addition  
 STREET ADDRESS **3000 Carefree Blvd D**  
 CITY-ST-ZIP **Ft Myers FL 33917**

TITLE  
 NAME **DAL SNOOK, JANICE** ☒ Delete  
 STREET ADDRESS **3000 COREFREE BLVD**  
 CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE  
 NAME **Director Jan Sheridan** ☐ Change ☒ Addition  
 STREET ADDRESS **3000 Carefree Blvd D**  
 CITY-ST-ZIP **Ft Myers FL 33917**

TITLE  
 NAME **S D'SOUZA, ALICE D** ☒ Delete  
 STREET ADDRESS **3000 CAREFREE BLVD.**  
 CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE  
 NAME **Chair Mary Melzer** ☐ Change ☒ Addition  
 STREET ADDRESS **3000 Carefree Blvd D**  
 CITY-ST-ZIP **Ft Myers FL 33917**

TITLE  
 NAME **C HALL, LOIS** ☒ Delete  
 STREET ADDRESS **3000 CAREFREE BLVD.**  
 CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE  
 NAME **Treasurer Jill Schwartz** ☐ Change ☒ Addition  
 STREET ADDRESS **3000 Carefree Blvd D**  
 CITY-ST-ZIP **Ft Myers FL 33917**

TITLE  
 NAME **T BLEVINS, DANA** ☒ Delete  
 STREET ADDRESS **3000 CAREFREE BLVD.**  
 CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE  
 NAME **Secretary Gerry Green** ☐ Change ☒ Addition  
 STREET ADDRESS **3000 Carefree Blvd D**  
 CITY-ST-ZIP **Ft Myers FL 33917**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE REQUIRED**

**3/22/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)