

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

**FILED  
Mar 23, 2006  
Secretary of State**

DOCUMENT# N97000000019

Entity Name: CAREFREE CLUBHOUSE CORPORATION

**Current Principal Place of Business:**

2180 W SR 434, SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434, SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 65-0715178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC.  
2180 W SR 434 SUITE 5000  
LONGWOOD, FL 327795044 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: CONSILIO, BARBARA  
Address: 3000 CARETREE BLVD #M04  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD ( ) Delete  
Name: MCNALLY, EMILY  
Address: 3000 CAREFREE BLVD #A22  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD ( ) Delete  
Name: JOCK, NORMA  
Address: 3000 CAREFREE BLVD #W12  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: GERBER, BARB  
Address: 3000 CAREFREE BLVD #S19  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: RENICK, GINNY  
Address: 3000 CAREFREE BLVD #A34  
City-St-Zip: NORTH FORT MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RENICK, GINNY  
Address: 3358 AMELIA RUN WY  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD (X) Change ( ) Addition  
Name: MCNALLY, EMILY  
Address: 3332 AMELIA RUN WY  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Change ( ) Addition  
Name: JOCK, NORMA  
Address: 18177 WILLA WY  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD (X) Change ( ) Addition  
Name: GERBER, BARB  
Address: 3264 SUSAN B CIR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Change ( ) Addition  
Name: CARLSON, KRIS  
Address: 18189 WILLA WY  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the 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: GINNY RENICK

PD

03/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date