


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

04-18-2007 9:15 AM '07  
2007 MAY 24 AM '07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
40066293

|  |   |   |  |
|--|---|---|--|
| DOCUMENT # N97000000019  |   |                                |  |
| 1. Entity Name<br>CAREFREE CLUBHOUSE CORPORATION   |   |   |  |
| Principal Place of Business<br>2180 W SR 434, SUITE 5000<br>LONGWOOD, FL 32779   |   | Mailing Address<br>2180 W SR 434, SUITE 5000<br>LONGWOOD, FL 32779  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br>12650 WHITEHAWK DR  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |
| City & State   |   | City & State<br>FORT MYERS, FL  |  |
| Zip  | Country   | Zip<br>33907  | Country  |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent   |  |
|  |   | Name<br>BONITA D. VANDALL   |  |
|  |   | Street Address (P.O. Box Number is Not Acceptable)  |  |
|  |   | 12650 WHITEHAWK DR  |  |
|  |   | City<br>FORT MYERS  | Zip Code<br>FL 33907   |
| 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 <u>B. D. V. [Signature]</u>  |   | SIGNATURE <u>BONITA D. VANDALL</u> DATE <u>4-11-07</u>  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Make check payable to Florida Department of State  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>RENICK, GINNY<br>3358 AMELIA RUN WY<br>NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>MCNALLY, EMILY<br>3332 AMELIA RUN WY<br>NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MCNALLY, EMILY<br>3332 AMELIA RUN WY<br>NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JOCK, NORMA<br>18177 WILLA WY<br>NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>SNOOK, JANICE<br>18170 WILLA WY<br>NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>GERBER, BARB<br>3264 SUSAN B CIR<br>NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HALL, LOIS<br>3221 MARTINA CT<br>NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CARLSON, KRIS<br>18189 WILLA WY<br>NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>CARLSON, KRISTIN<br>18189 WILLA WY<br>NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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: <u>Virginia L. Smith</u>  |   | Date <u>4-12-07</u>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date  |  |

b/b att