

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729342

Entity Name: CLUB CAREFREE, 18 YEARS & OVER, INC.**Current Principal Place of Business:**4209 70TH LANE NORTH
PALM LAKE ESTATES SOUTH
RIVIERA BEACH, FL 33404**Current Mailing Address:**7272 42ND WAY N
676 PALM LAKE ESTATES COOP INC
RIVIERA BEACH, FL 33404 US**FEI Number:** 53-2385205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOCKWOOD, PAUL
PALM LAKE COOP. INC.
7272 42ND WAY INC
WEST PALM BEACH, FL 33404 US*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**Officer/Director Detail :**Title T
Name LOCKWOOD, PAUL
Address 4367 71ST PL NO
City-State-Zip: RIVIERA BCH FL 33404Title S
Name MC DONALD, VALERIE
Address 4220 70TH COURT
City-State-Zip: RIVIERA BCH FL 33404Title T
Name LOCKWOOD, PAUL A
Address 4367 71ST PL NO
City-State-Zip: RIVIERA BEACH FL 33404Title VPD
Name TURNER, COLLEEN
Address 7038 40TH TERRACE NORTH
City-State-Zip: RIVIERA BEACH FL 33404Title P
Name LOCKWOOD, JACQUELINE B
Address 4367 71ST PL NO
City-State-Zip: RIVIERA BEACH FL 33404Title D
Name ACKLEY, ESTHER
Address 4091 67TH LANE
City-State-Zip: WEST PALM BEACH FL 33404

I hereby 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 all other like empowered.

SIGNATURE: PAUL A LOCKWOOD

TREAS

01/03/2015

Electronic Signature of Signing Officer/Director Detail_____
Date