

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00443

Entity Name: CAREFREE COUNTRY CLUB OF WINTER HAVEN, INC.

Current Principal Place of Business:

9705 LAKE BESS RD., OFFICE
WINTER HAVEN, FL 33884

Current Mailing Address:

9705 LAKE BESS RD., OFFICE
WINTER HAVEN, FL 33884 US

FEI Number: 59-2784567

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
111 N. ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801 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 PRES
Name GOSPETER, ROBERT
Address 9705 LAKE BESS ROAD #254
City-State-Zip: WINTER HAVEN FL 33884

Title TREASURER
Name JACKSON, MARILYN
Address 9705 LAKE BESS ROAD #255
City-State-Zip: WINTER HAVEN FL 33884

Title VP
Name EKLUND, JEFF
Address 9705 LAKE BESS ROAD #840
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name ROGERS, GARY
Address 9705 LAKE BESS RD #679
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name DREW , MARTY
Address 9705 LAKE BESS RD. #555
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name SOUTHARD, BILL
Address 9705 LAKE BESS ROAD, #859
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY
Name NUDING, TAMARA
Address 9705 LAKE BESS RD., LOT 353
City-State-Zip: WINTER HAVEN FL 33884

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: ROBERT GOSPETER

PRESIDENT

03/22/2021

Electronic Signature of Signing Officer/Director Detail

Date