

**2024 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            HALLIGAN, CHERYL  
Address        9705 LAKE BESS ROAD #1003  
City-State-Zip: WINTER HAVEN FL 33884

Title            VP  
Name            CASSIDY, KEN  
Address        9705 LAKE BESS ROAD #435  
City-State-Zip: WINTER HAVEN FL 33884

Title            DIRECTOR  
Name            BALLELI, BILL  
Address        9705 LAKE BESS RD #817  
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            JACKSON, MARILYN  
Address        9705 LAKE BESS ROAD, #255  
City-State-Zip: WINTER HAVEN FL 33884

Title            SECRETARY  
Name            SCHUMACHER, JANET  
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:** CHERYL HALLIGAN

**TREASURER**

**03/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date