

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000019

**Entity Name:** CAREFREE CLUBHOUSE CORPORATION**Current Principal Place of Business:**3000 CAREFREE BOULEVARD  
NORTH FORT MYERS, FL 33917**Current Mailing Address:**3000 CAREFREE BOULEVARD  
NORTH FORT MYERS, FL 33917 US**FEI Number:** 65-0715178**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREENSPOON MARDER  
TRADE CENTER SOUTH #700  
100 WEST CYPRESS CREEK RD  
FORT LAUDERDALE, FL 33309 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:** LARRY CORMAN

03/10/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN
Name	VAN VOORHIS, PATRICIA
Address	3000 CAREFREE BOULEVARD
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	TREASURER
Name	HAFFER, KRISTY
Address	3000 CAREFREE BOULEVARD
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	MEMBER-AT-LARGE
Name	DELIMAN, JEANNE
Address	3000 CAREFREE BOULEVARD
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	VC
Name	EHRlich, LISA
Address	3000 CAREFREE BOULEVARD
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	SECRETARY
Name	KLANCER, PATTI
Address	3000 CAREFREE BOULEVARD
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	MANAGER
Name	BOLES, KELLY
Address	3000 CAREFREE BOULEVARD
City-State-Zip:	NORTH FORT MYERS FL 33917

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:** KELLY M BOLES

COMMUNITY MANAGER

03/10/2020

Electronic Signature of Signing Officer/Director Detail

Date