

**2018 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:**BEAL, SHELBY  
3000 CAREFREE BOULEVARD  
NORTH FORT MYERS, FL 33917 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:** SHELBY BEAL

02/21/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN
Name	BOMBERGER, SUE
Address	3220 MARTINA COURT
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	VC
Name	WILLIAMS, KRISTY
Address	3210 AMELIA RUN WAY
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	SECRETARY
Name	DELIMAN, JEANNE
Address	18190 WILLA WAY
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	TREASURER
Name	COX, JUDITH
Address	3425 GOLDA CIRCLE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	OTHER
Name	BEAL, SHELBY
Address	3000 CAREFREE BOULEVARD
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	MEMBER AT LARGE
Name	FORTNEY, JUNE
Address	3201 SUSAN B. CIRCLE
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:** SHELBY L. BEAL**CAREFREE CLUBHOUSE 02/21/2018  
MANAGER**

Electronic Signature of Signing Officer/Director Detail

Date