

2015 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:**BONES, JENNIFER
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:** JENNIFER BONES

02/16/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name MESSINA, GRACE
Address 3432 GOLDA CIRCLE
City-State-Zip: NORTH FORT MYERS FL 33917

Title VC
Name FALCO, RO
Address 3265 GOLDA CIRCLE
City-State-Zip: NORTH FORT MYERS FL 33917

Title SECRETARY
Name BARNES, CHARLOTTE
Address 3288 GOLDA CIRCLE
City-State-Zip: NORTH FORT MYERS FL 33917

Title TREASURER
Name COCHRAN, LEA
Address 3213 SUSAN B CIRCLE
City-State-Zip: NORTH FORT MYERS FL 33917

Title MEMBER-AT-LARGE
Name ANGELOS, JUNE
Address 3272 GOLDA CIRCLE
City-State-Zip: NORTH FORT MYERS FL 33917

Title OTHER
Name BONES, JENNIFER
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: JENNIFER BONES

GENERAL MANAGER

02/16/2015

Electronic Signature of Signing Officer/Director Detail

Date