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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729342 (6)

1. Corporation Name

CLUB CAREFREE, 18 YEARS & OVER, INC.

Principal Place of Business

7031 42ND TERRACE NORTH  
PALM LAKE ESTATES SOUTH  
RIVIERA BEACH FL 33404

Mailing Address

7272 42ND WAY  
PALM LAKE ESTATES SOUTH  
RIVIERA BEACH FL 33404-3908  
US



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified  
04/11/1974

3a. Date of Last Report  
03/18/1996

4. FEI Number  
53-2385205

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNORS, JAMES B.  
PALM LAKE COOPERATIVE, INC.  
7272 42ND WAY N  
RIVIERA BEACH FL 33404

81 Name ST. YVES, ALFRED  
82 Street Address (P.O. Box Number is Not Acceptable)  
Palm Lake Cooperative, Inc  
83 7272 42ND WAY N  
84 City Riviera Beach FL 85 Zip Code 33404

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: ALFRED ST. YVES

(NOTE: Registered Agent signature required when reinstating)

DATE: Feb. 24, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	OGDEN, RUTH	
STREET ADDRESS	4167 69TH LN	
CITY-ST-ZIP	RIVIERA BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TOUSLEY, MARY	
STREET ADDRESS	4161 71ST RD	
CITY-ST-ZIP	RIVIERA BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOUSLEY, WINFRED	
STREET ADDRESS	4161 71ST RD	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GIACOA, MARY	
STREET ADDRESS	7180- 42ND WAY	
CITY-ST-ZIP	RIVIERA BEACH F	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NITA SAWYER	
2.3 STREET ADDRESS	4356 71ST RD N	
2.4 CITY-ST-ZIP	RIVIERA Beach, FL 33404	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Powell	
3.3 STREET ADDRESS	4032 67TH LANE	
3.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WINFRED Tousley	
4.3 STREET ADDRESS	4161 71ST RD N	
4.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dea. Sawyer TREASURER

Feb. 21, 1997

521 8430289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040085

CR2E037 (9/96)