


FILE NOW: FILING FEE IS \$61.25

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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729342** (6)

1. Corporation Name

CLUB CAREFREE, 18 YEARS & OVER, INC.



Principal Place of Business	Mailing Address
7031-42ND TERRACE NORTH PALM LAKE ESTATES SOUTH RIVIERA BEACH FL 33404	7272 42ND WAY PALM LAKE ESTATES SOUTH RIVIERA BEACH FL 33404 US

3. Date Incorporated or Qualified 04/11/1974	
4. FEI Number 53-2385205	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
ST. YVES, ALFRED % PALM LAKE COOPERATIVE, INC. 72272 42ND WAY N. RIVIERA BEACH FL 33404	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
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	SAWYER, NITA
STREET ADDRESS	4356 71ST ROAD N.
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	POWELL, JOHN
STREET ADDRESS	4032 67TH LANE
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	TOUSLEY, WINFRED
STREET ADDRESS	4161 71ST ROAD N.
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	2nd Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	1st Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Samuel Rucci
5.3 STREET ADDRESS	4171 71st Rd N
5.4 CITY-ST-ZIP	Riviera Beach, FL 33404
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 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 *Nita Sawyer* *Sandra B. Northam* Feb 3 1998 561-843-2389

CP2E037 (10/97)