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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729342

1. Corporation Name

CLUB CAREFREE, 18 YEARS & OVER, INC.

102544-90072-2

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
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/11/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

53-2385205

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. YVES, ALFRED
% PALM LAKE COOPERATIVE, INC.
72272 42ND WAY N.
RIVIERA BEACH FL 33404

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 ALFRED L ST YVES Alfred L St Yves
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME OGDEN, RUTH
STREET ADDRESS 4167 69TH LN
CITY-ST-ZIP RIVIERA BCH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME SAWYER, NITA
STREET ADDRESS 4356 71ST ROAD N.
CITY-ST-ZIP RIVIERA BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME POWELL, JOHN
STREET ADDRESS 4032 67TH LANE
CITY-ST-ZIP RIVIERA BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Joseph RYCHLIK
3.3 STREET ADDRESS 4209 70th St N
3.4 CITY-ST-ZIP Riviera Beach, FL 33404

TITLE VP ☐ DELETE
NAME TOUSLEY, WINFRED
STREET ADDRESS 4161 71ST ROAD N.
CITY-ST-ZIP RIVIERA BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME RUCCI, SAMUEL
STREET ADDRESS 4171 71ST RD N
CITY-ST-ZIP RIVIERA BEACH FL 33404

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Co-PD Bonnie Johnson
6.3 STREET ADDRESS 4307 72nd St N
6.4 CITY-ST-ZIP Riviera Beach, FL 33404

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, with all other like empowered.

SIGNATURE: NITA SAWYER Nita Sawyer 1/12/98 561-842-0289

CR2E037 (1/98)