## 2004-NOT-FOR-PROFIT-CORPORATION-ANNUAL REPORT (AR)

## Aug 02, 2004 8:00 am **DOCUMENT # 729342** Secretary of State 1. Entity Name 08-02-2004 90011 005 \*\*\*\*61.25 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Applied For 53-2385205 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OGDEN, ALBERT Street Address (P.O. Box Number is Not Acceptable) PALM LAKE COOD INC 7272 42ND WAY INC WEST PALM BEACH FL 33404 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition Addition OGDEN, RUTH NAME NAME 4167 69TH LN STREET ADDRESS STREET ADDRESS RIVIERA BCH FL 33404 CITY-ST-7IP CiTY-ST-ZIP TITLE Delete TITLE TOUSLEY, WINFRED NAME NAME 4375 70TH RD N STREET ADDRESS STREET ADDRESS RIVIERA BCH FL 33404 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Delete TURNER, COLLEEN NAME NAME 7192 42ND STREET STREET ADDRESS STREET ADDRESS RIVIERA BCH FL 33404 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition GEORGE, GERALDINE NAME NAME 6985 **68TH STREET** STREET ADDRESS STREET ADDRESS RIVIERA BEACH FL 33404 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE PRESTON, VIRGINIA NAME NAME 4182 70TH LN N STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33404 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ACKLEY, ESTHER NAME NAME 43RD TR STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33404 CfTY-ST-7IP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED