

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 729342

1. Entity Name
CLUB CAREFREE, 18 YEARS & OVER, INC.



Principal Place of Business
**4209 70TH LANE NORTH
PALM LAKE ESTATES SOUTH
RIVIERA BEACH, FL 33404**

Mailing Address
**7272 42ND WAY N
676 PALM LAKE ESTATES COOP INC
RIVIERA BEACH, FL 33404 US**



02052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
53-2385205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ST. YVES, ALFRED
PALM LAKE COOP. INC.
7272 42ND WAY INC
WEST PALM BEACH, FL 33404**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OGDEN, RUTH
STREET ADDRESS	4167 69TH LN
CITY-ST-ZIP	RIVIERA BCH, FL 33404
TITLE	VPD
NAME	TURNER, COLLEEN
STREET ADDRESS	7038 40TH TERRACE NORTH
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	S
NAME	RICHTER, BONNIE
STREET ADDRESS	7040 42ND WAY
CITY-ST-ZIP	RIVIERA BCH, FL 33404
TITLE	P
NAME	LEAVY, KATHLEEN M
STREET ADDRESS	4209 70TH LANE NORTH
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	T
NAME	PRESTON, VIRGINIA
STREET ADDRESS	4182 70TH LN N
CITY-ST-ZIP	WEST PALM BEACH, FL 33404
TITLE	D
NAME	ACKLEY, ESTHER
STREET ADDRESS	43RD TR
CITY-ST-ZIP	WEST PALM BEACH, FL 33404

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02/22/07-80020-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kathleen M. Leavy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07
Date

Daytime Phone #