## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #751282**

SIGNATURE: \( \frac{1}{2} \)

1. Entity Name
CAREFREE APARTMENTS CONDOMINIUM



**FILED** Jul 11, 2006 8:00 am Secretary of State

07-11-2006 90018 032 \*\*\*\*61.25

Markey Address  No. No. 1985 IST IS. II. REASURE SUND, FL 33706  2. Principal Place of Business  3. Mailtry Address  Soile, AAS, 4, etc.  Soile, AAS, 4, etc	ASSOCIATION, INC.						( Table )						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   City & State   City & State   City & State   A. FEI Number   Sp-2892426   May Applicable For   May Applicable   Sp-2892426   May Applicable   May Ap	N. INC. 9895 1ST St. E.				5 1ST STREET E. #		US	, 1981H 1882H SWAY	ISBUR ANDRI ARUM INGL	Ijali Bishi Bishi Bishi Si	Eli Biti	† <b>&amp;</b> : <b>€</b> 1 <b>+8 €</b> 1	
City & State    City & State   City & State   City & State   Section   City & State   City & State   Section   Secti	2. Principal Place of Business				iling Address								
Sp-2892426   Na Applicable   Start Applicable   S	Suite, Apt. #, etc.				ite, Apt. #, etc.		07082006 <sub>C</sub>	hg-NP	CR2E037 (4/	06)			
S. Certificate of Status Desired   Fee Required	City & Stat	е	City & State				4. FEI Number 59-289242	26	-				
Name     Sirear Address (P.O. Box Number is Not Acceptable)   Sirear Address (P.O. Box Number is Not Acceptable)	Zip Country			Zip Cou			intry	5 Certificate of Status Desired   \$8.75 Additional					
Street Address (P.O. Box Number is Not Acceptable)    City		6. Name	and Address of Current I	legistered Agent				7. Name and Address of New Registered Agent					
STREATURE ISLAND, FL 33706  8. The above named writing submits this statement for the purpose of changing its registered agent, or both, in the State of Fordide. I am isamiliar with, and accept the obligations of registered agent, or brisin man of registered agent.  SIGNATURE  STREATURE  STREATUR	KIDKDATE	DICK COL	INIE				Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent.  SIGNATURE  CONC. KILLATILL SUMMARY AND STATE	9895 1ST STREET E. #7						Street Address (P.O. Box Number is Not Acceptable)						
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  Filling Fee is \$61.25  Due by September 6, 2006  Prise Fund Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TILE  PO  KIRKPATRICK, CONNIE  SIREI ADDRESS  OTY-S1-2P  TREASURE ISLAND, FL 33706  TILE  STD  UND  SIREI ADDRESS  OTY-S1-2P  TREASURE ISLAND, FL 33706  TILE  WAME  SIREI ADDRESS  OTY-S1-2P  TREASURE ISLAND, FL 33706  TILE  OVERLAND PARK, KS 66207  TILE  OVERLAND PARK, KS 66207  TILE  OVERLAND PARK, KS 66207  TILE  Obelde  TILE  Obelde  TILE  OBEL  OVERLAND PARK, KS 66207  TILE  OBEL  OVERLAND PARK, KS 66207  TILE  OVERLAND PARK, KS 66207  TILE  OBEL  OVERLAND PARK, KS 66207  TILE  OVERLAND PARK, K	THE TOTAL TOURNS, TE SOFTO						Cit.			T 7:	0-1		
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Filing Fee is \$81.25 Due by September 6, 2006  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITE NAME KIRKPATRICK, CONNIE STRET MORESS CITY-ST-2P TREASURE ISLAND, FL 33706  TITLE NAME KIRKPATRICK, WILLIAM S SIRET MORESS CITY-ST-2P TREASURE ISLAND, FL 33706  TITLE NAME SIRET MORESS CITY-ST-2P TREASURE ISLAND, FL 33706  TITLE NAME SIRET MORESS CITY-ST-2P TOVERLAND PARK, KS 66207  TITLE NAME SIRET MORESS CITY-ST-2P TOVERLAND PARK, KS 66207  TITLE NAME SIRET MORESS CITY-ST-2P TOTAL NAME SIRET MORESS CITY-ST-2P TOTA													
Trust Fund Contribution.   Added to Fees   Flortida Department of States	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating)												
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