# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 26, 2009**
**Secretary of State**

DOCUMENT# 751282

**Entity Name:** CAREFREE APARTMENTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9895 1ST STREET E
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

9895 1ST STREET E. #7
TREASURE ISLAND, FL 33706 US

**New Mailing Address:**

**FEI Number: 59-2892426** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KIRKPATRICK, CONNIE
9895 1ST STREET E. #7
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: KIRKPATRICK, CONNIE
Address: 9895 1ST STREET E #7
City-St-Zip: TREASURE ISLAND, FL 33706

Title: STD ( ) Delete
Name: KIRKPATRICK, WILLIAM S
Address: 9895 1ST STREET E #7
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP ( ) Delete
Name: MEDLEN, LORENE DIANE
Address: 9895 1ST STREET E #1
City-St-Zip: TREASURE ISLAND, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition
Name: KIRKPATRICK, CONNIE
Address: 9895 1ST STREET E #7
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP (X) Change ( ) Addition
Name: DELANEY, DOUG
Address: 7012 40TH AVENUE E
City-St-Zip: PALMETTO, FL 34221

Title: PD (X) Change ( ) Addition
Name: MEDLEN, LORENE DIANE
Address: 9895 1ST STREET E #1
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE KIRKPATRICK STD 02/26/2009

Electronic Signature of Signing Officer or Director — Date