FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

300001778283
-04/12/96--01042--003
***200.00

DOCUMENT # H17205 (6)

1. Corporation Name
CAREFREE VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business
9022 DUKE DR
TAMPA FL 33615

Mailing Address
9022 DUKE DR
TAMPA FL 33615

3. Date Incorporated or Qualified: 08/16/1984
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 9042 Allen Circle
22: Suite, Apt. #, etc.
23: City & State: Tampa, FL
24: Zip: 33615
25: Country: Hillsborough

2a. Mailing Address
26: 9042 Allen Circle
27: Suite, Apt. #, etc.
28: City & State: Tampa, FL
29: Zip: 33615
30: Country: Hillsborough

4. FEI Number: 59-2901663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KERNS, JAMES
9042 ALLEN CIR
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: Brian P. Rush
82 Street Address (P.O. Box Numbers Not Acceptable): 11018 N. Dale Mabry Hwy.
83: Suite 404
84 City: Tampa, Fla. FL 85 Zip Code: 33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Brian P. Rush, Registered Agent. DATE
Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent's signature required when name is changed)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	KERNS, JAMES E	
STREET ADDRESS	9042 ALLEN CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	☐ DELETE
NAME	BROWN, CAROL	
STREET ADDRESS	8006 DOVE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	☒ DELETE
NAME	EVELYN, FAVELL	
STREET ADDRESS	9022 DUKE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☒ DELETE
NAME	FAIRMAN, HELEN	
STREET ADDRESS	9001 DUKE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	☒ DELETE
NAME	STEPHEN MACPHERSON	
STREET ADDRESS	9054 ALLEN CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	KENNEY, CHRISTOPHER	
STREET ADDRESS	9067 ELLIOT CIR.	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	Bonnie Michaels	
3.3 STREET ADDRESS	8001 Plaza Drive	
3.4 CITY-ST-ZIP	Tampa, FL 33615	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Jean Dodge	
4.3 STREET ADDRESS	8811 Poe Drive	
4.4 CITY-ST-ZIP	Tampa, FL 33615	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Robert Richardson	
5.3 STREET ADDRESS	9020 Duke Drive	
5.4 CITY-ST-ZIP	Tampa, FL 33615	
6.1 TITLE	PD	☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher Kenney 3-11-96 818-884-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D456900 FP

4-12-96