

FILE NOW: FILING FEE AFTER MAY.1 IS \$550.00

FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # H17205

1. Corporation Name

CAREFREE VILLAGE MOBILE HOME OWNER'S ASSOCIATION INC

Principal Place of Business

8000 Sheldon Road
Tampa, FL 33615

Mailing Address

9042 Allen Circle
Tampa, FL 33615

3. Date Incorporated or Qualified
8/16/1984

3a. Date of Last Report

2. Principal Place of Business

21 8000 Sheldon Road

2a. Mailing Address

26 8001 Plaza Dr. Tampa, FL

4. FEI Number

59-2901663

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Tampa, FL

City & State

28 Tampa, FL 33615

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33516

Zip

Country

29 33516

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rush, Brian P.
11018 N. Dale Mabry Hwy
Suite 404
Tampa, FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

300002138683
-04/10/97--01005--035

84 City

***165.00

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. VD	VD	<input checked="" type="checkbox"/> DELETE
NAME	Kerns, James E.	
STREET ADDRESS	9042 Allen Circle	
CITY-STATE-ZIP	Tampa, FL 33615	
12. TD	TD	<input checked="" type="checkbox"/> DELETE
NAME	Brown, Carol	
STREET ADDRESS	8006 Dove Drive	
CITY-STATE-ZIP	Tampa, FL 33615	
12. PD	PD	<input checked="" type="checkbox"/> DELETE
NAME	Kenney, Christopher	
STREET ADDRESS	9067 Elliot Circle	
CITY-STATE-ZIP	Tampa, FL 33615	
12. D	D	<input checked="" type="checkbox"/> DELETE
NAME	Dodge, Jean	
STREET ADDRESS	8811 Poe Drive	
CITY-STATE-ZIP	Tampa, FL 33615	
12. D	D	<input checked="" type="checkbox"/> DELETE
NAME	Richardson, Robert	
STREET ADDRESS	9020 Duke Drive	
CITY-STATE-ZIP	Tampa, FL 33615	
12. <input type="checkbox"/> DELETE		

13. 1.1 TITLE	PD	Bonnie Michaels	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS		8001 Plaza Drive	
1.4 CITY-STATE-ZIP		Tampa, FL 33615	
2.1 TITLE	SD	Vicki Galbraith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS		8024 Ford Place	
2.4 CITY-STATE-ZIP		Tampa, FL 33615	
3.1 TITLE	TD	Betty Funicelli	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS		7638 Crown Circle	
3.4 CITY-STATE-ZIP		Tampa, FL 33615	
4.1 TITLE	D	Elysa Mattice	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS		9034 Allen Circle	
4.4 CITY-STATE-ZIP		Tampa, FL 33615	
5.1 TITLE	D	Moris Culp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS		8004 Dove Drive	
5.4 CITY-STATE-ZIP		Tampa, FL 33615	
6.1 TITLE	D	Ruth Smith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS		9047 Allen Circle	
6.4 CITY-STATE-ZIP		Tampa, FL 33615	

14. I do 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 is 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: *Bonnie Michaels*
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97 (813) 354-2216
Date Daytime Phone

CR2E034 (9/96)