

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

FILED

Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H17205 (6)**  
1. Corporation Name  
**CAREFREE VILLAGE MOBILE HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business  
**8000 SHELDON ROAD  
TAMPA FL 33615**

Mailing Address  
**8001 PLAZA DR.  
TAMPA FL 33516**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/16/1984</b>	
21		26		4. FEI Number <b>59-2901663</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RUSH, BRIAN P. 11018 N. DALE MABRY HWY. SUITE 404 TAMPA FL 33618</b>				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MICHAELS, BONNIE			1.2 NAME			
STREET ADDRESS	8001 PLAZA DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GALBRAITH, VICKE			2.2 NAME			
STREET ADDRESS	8024 FORD PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FUNICELLI, BETTY			3.2 NAME			
STREET ADDRESS	7638 CROWN CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATTIE, ELYSA			4.2 NAME			
STREET ADDRESS	9034 ALLEN CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CULP, MORRIS			5.2 NAME			
STREET ADDRESS	8004 DOVE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33615			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, RUTH			6.2 NAME			
STREET ADDRESS	9047 ALLEN CIRCLE			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33165			6.4 CITY-ST-ZIP			

14. I 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 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 A. Michaels*

2/24/98 813-354-2216

CR2E034 (10/97)