

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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90088 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

3. Date Incorporated or Qualified

08/16/1984

4. FEI Number

59-2901663

Applied

Not App

5. Certificate of Status Desired ☐

\$8.75 Additl:  
Fee Require

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May  
Added to Fee

8. This corporation owes or has paid the current year Intangit:  
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25. Mailing Address

26

9067 Elliott Circle

Suite, Apt. #, etc.

27

City & State

28

Tampa, FL

29

Zip

Country

30

33615

9. Name and Address of Current Registered Agent

RUSH, BRIAN P.  
11018 N. DALE MABRY HWY.  
SUITE 404  
TAMPA FL 33618

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 (300 characters)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME MICHAELS, BONNIE  
STREET ADDRESS 8001 PLAZA DRIVE  
CITY - ST - ZIP TAMPA FL 33615

TITLE SD ☐ DELETE  
NAME GALBRAITH, VICKI  
STREET ADDRESS 8024 FORD PLACE  
CITY - ST - ZIP TAMPA FL 33615

TITLE TD ☒ DELETE  
NAME FUNICELLI, BETTY  
STREET ADDRESS 7638 CROWN CIRCLE  
CITY - ST - ZIP TAMPA FL 33615

TITLE D ☐ DELETE  
NAME MATTIE, ELYSA  
STREET ADDRESS 9034 ALLEN CIRCLE  
CITY - ST - ZIP TAMPA FL 33615

TITLE D ☒ DELETE  
NAME CULP, MORRIS  
STREET ADDRESS 8004 DOVE DRIVE  
CITY - ST - ZIP TAMPA FL 33615

TITLE D ☐ DELETE  
NAME SMITH, RUTH  
STREET ADDRESS 9047 ALLEN CIRCLE  
CITY - ST - ZIP TAMPA FL 33615

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

1.1 TITLE VD ☐ Change ☒ Add  
1.2 NAME Chris Kenney  
1.3 STREET ADDRESS 9067 Elliott Circle  
1.4 CITY - ST - ZIP Tampa, FL 33615

2.1 TITLE D ☐ Change ☒ Add  
2.2 NAME Frances Couch  
2.3 STREET ADDRESS 9038 Allen Circle  
2.4 CITY - ST - ZIP Tampa, FL 33615

3.1 TITLE D ☐ Change ☒ Add  
3.2 NAME Antonio Parks  
3.3 STREET ADDRESS 9030 Crane Pt.  
3.4 CITY - ST - ZIP Tampa, FL 33615

4.1 TITLE ☐ Change ☐ Add  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Add  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Add  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*[Signature]* V.P.

4-30-99

813-884-1227