

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90008 032 \*\*\*150.00

DOCUMENT # H17205

1. Entity Name

CARFREET Village Mobile Home Owners ASSOCIATION  
 INC.

Principal Place of Business

Mailing Address

8000 Sheldon ROAD  
 TAMPA, FL 33615

8018 SHAW DRIVE  
 TAMPA, FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2901663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEY, CHRIS  
 9067 ELLIOTT CIRCLE  
 TAMPA, FL 33615

Name

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

City

FL

Zip Code

8. 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

Chris Kenney

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

(NOT)

Registered Agent signature required when re-registering

DATE

6-15-01

FILE NOW

FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

|                |                              |                                            |
|----------------|------------------------------|--------------------------------------------|
| TITLE          | VD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | Kenney, Chris                |                                            |
| STREET ADDRESS | 9067 ELLIOTT CIRCLE          |                                            |
| CITY-ST-ZIP    | TAMPA, FL 33615              |                                            |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | MATTHE, AUSA                 |                                            |
| STREET ADDRESS | 9034 ALLEN CIRCLE            |                                            |
| CITY-ST-ZIP    | TAMPA, FL 33615              |                                            |
| TITLE          | D                            | <input checked="" type="checkbox"/> Delete |
| NAME           | Smith, Ruth                  |                                            |
| STREET ADDRESS | 9047 ALLEN CIRCLE            |                                            |
| CITY-ST-ZIP    | TAMPA, FL 33615              |                                            |
| TITLE          | TD                           | <input type="checkbox"/> Delete            |
| NAME           | Kelly, Mary Ann              |                                            |
| STREET ADDRESS | 8018 SHAW DR TAMPA, FL 33615 |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                                                                         |
|----------------|---------------------|-----------------------------------------------------------------------------------------|
| TITLE          | PD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | HEIDI R. NIEBER     |                                                                                         |
| STREET ADDRESS | 8012 FORD PLACE     |                                                                                         |
| CITY-ST-ZIP    | TAMPA, FL 33615     |                                                                                         |
| TITLE          | VD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | Suarez Casalspro    |                                                                                         |
| STREET ADDRESS | 7622 CROWN CIRCLE   |                                                                                         |
| CITY-ST-ZIP    | TAMPA, FL 33615     |                                                                                         |
| TITLE          | SD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | HIDA RIVERA         |                                                                                         |
| STREET ADDRESS | 7620 CROWN CIRCLE   |                                                                                         |
| CITY-ST-ZIP    | TAMPA, FL 33615     |                                                                                         |
| TITLE          | TD                  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARY ANN KELLY      |                                                                                         |
| STREET ADDRESS | 8018 SHAW DRIVE     |                                                                                         |
| CITY-ST-ZIP    | TAMPA, FL 33615     |                                                                                         |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | LOIS FAZEKAS        |                                                                                         |
| STREET ADDRESS | 8009 FORD PLACE     |                                                                                         |
| CITY-ST-ZIP    | TAMPA, FL 33615     |                                                                                         |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | PATRICIA JOHNSON    |                                                                                         |
| STREET ADDRESS | 9075 ELLIOTT CIRCLE |                                                                                         |
| CITY-ST-ZIP    | TAMPA, FL 33615     |                                                                                         |

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Ann Kelly

6/04/01

Date

Daytime Phone #

(813) 886-2033

CR2E037 (11/00)

Attachment  
of H1206  
8582

8018 Shaw Dr  
Tampa, FL 33615  
June 4, 2001

Dear Sir/madam:

We never Received  
the papers to file the  
Intangible Tax for the  
Carfree Mobile Home Owners  
Association.

I called and was sent these  
forms to fill out. We filled  
them out to the best of our  
ability since the people that  
ran our association are  
no longer involved or live  
here. We also found a  
form that had our FEI #  
on it 59-2901663. I assume  
this is correct.

I am enclosing \$150.00  
fee for the Corporation Intangible  
Tax filing.

Please call or write with  
any questions.

(813) 886-2033

Mary Kelly  
Treasurer/Board of Directors

Attachment  
Carefree Village Mobile Homeowners Association

DA #17205  
59-290162

8584

Director

Tony Casalspro

7622 Crown Circle

ADDITION

Tampa, FL 33615

DIRECTOR

Cathy Thomas

7614 Crown Circle

ADDITION

Tampa, FL 33615

Director

Robert Kelly

8018 Shaw Drive

ADDITION

Tampa, FL 33615