

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H32549 (8)

1. Corporation Name

CAREFREE COVE DEVELOPMENT CORPORATION

Principal Place of Business

6400 CONGRESS AVE
SUITE #2000
BOCA RATON FL 33487-2810

Mailing Address

6400 CONGRESS AVE
SUITE #2000
BOCA RATON FL 33487-2810

FILED

98 APR 22 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1984

4. FEI Number

59-2483328

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

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 717 N. Harwood

Suite, Apt. #, etc.

22 1200

City & State

23 Dallas Tx

Zip

24 75201

Country

25 USA

2a. Mailing Address

26 717 N. Harwood

Suite, Apt. #, etc.

27 1200

City & State

28 Dallas Tx

Zip

29 75201

Country

30 USA

9. Name and Address of Current Registered Agent

FISK, DEBORAH L.
6400 CONGRESS AVENUE, SUITE 2000
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

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

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code
32301

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, or title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-98

12. OFFICERS AND DIRECTORS

TITLE

VD
NAME TERWILLIGER, J. RONALD
STREET ADDRESS 2859 PACES FERRY
CITY-ST-ZIP ATLANTA GA

☒ DELETE

TITLE

PD
NAME WHEELER, CHRIS
STREET ADDRESS 6400 CONGRESS AVE
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE

DV
NAME CROW, HARLAN
STREET ADDRESS 2001 ROSS AVE., #3500
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE

VST
NAME BRYANT, BRAD
STREET ADDRESS 6400 CONGRESS AVE
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

TITLE

AS
NAME FISH, DEBORAH
STREET ADDRESS 6400 CONGRESS
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE

VP
NAME IGLEHART, GREG
STREET ADDRESS 6400 CONGRESS AVE
CITY-ST-ZIP BOCA RATON FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD
NAME Terwilliger, J. Ronald
STREET ADDRESS 2859 PACES FERRY
CITY-ST-ZIP Atlanta GA

☒ Change ☐ Addition

2.1 TITLE

AS
NAME Steinhardt, Shari
STREET ADDRESS 6400 Congress Ave
CITY-ST-ZIP Boca Raton, FL 33487

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

100002498831--2

-04/24/98--01007--016

****150.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

CR2E034 (10/97)