

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # NO4359 (8)**  
 1. Corporation Name  
**CAREFREE COVE MOBILE HOME OWNERS, INC.**



Principal Place of Business <b>3273 NW 37TH ST.                  P.O. BOX 491425                  LAUDERDALE LKS FL 33309                  US</b>	Mailing Address <b>3273 NW 37TH ST.                  P.O. BOX 491425                  LAUDERDALE LKS FL 33309                  US</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified  
**07/25/1984**

4. FEI Number  
**NOT APPLICABLE**

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

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

9. Name and Address of Current Registered Agent

**BENOIT, JOSEPH C.L.  
 3225 N.W. 27TH STREET  
 LAUDERDALE LAKES FL 33309**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BENOIT, JOSEPH C.L.	
STREET ADDRESS	3225 N.W. 37TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SPINE, JOSEPH	
STREET ADDRESS	3249 N.W. 37TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEONARD, JAMES	
STREET ADDRESS	3631 NW 32ND WAY	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BEATO, LEONORA	
STREET ADDRESS	3256 N.W. 34TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORTIN, JACQUILINE	
STREET ADDRESS	3257 N.W. 37TH STREET	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAND, ROSE	
STREET ADDRESS	3601 N.W. 32ND WAY	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph C.L. Benoit Date: Feb 2 1998

CP2E037 (10/97)