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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N04359

1. Corporation Name
CAREFREE COVE MOBILE HOME OWNERS, INC.

Principal Place of Business 3273 NW 37TH ST. P.O. BOX 491425 LAUDERDALE LKS FL 33309 US	Mailing Address 3273 NW 37TH ST. P.O. BOX 491425 LAUDERDALE LKS FL 33309 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/25/1984	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE	NAME BENOIT, JOSEPH C.L.	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3225 N.W. 37TH STREET	CITY-ST-ZIP LAUDERDALE LAKES FL 33309	1.2 NAME	1.3 STREET ADDRESS
TITLE VP <input type="checkbox"/> DELETE	NAME SPINE, JOSEPH	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3249 N.W. 37TH STREET	CITY-ST-ZIP LAUDERDALE LAKES FL 33309	2.2 NAME	2.3 STREET ADDRESS
TITLE S <input type="checkbox"/> DELETE	NAME LEONARD, JAMES	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3631 NW 32ND WAY	CITY-ST-ZIP LAUDERDALE LAKES FL 33309	3.2 NAME	3.3 STREET ADDRESS
TITLE T <input type="checkbox"/> DELETE	NAME BEATO, LEONORA	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3256 N.W. 34TH STREET	CITY-ST-ZIP LAUDERDALE LAKES FL 33309	4.2 NAME	4.3 STREET ADDRESS
TITLE D <input type="checkbox"/> DELETE	NAME FORTIN, JACQUILINE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3257 N.W. 37TH STREET	CITY-ST-ZIP LAUDERDALE LAKES FL 33309	5.2 NAME	5.3 STREET ADDRESS
TITLE D <input type="checkbox"/> DELETE	NAME BAND, ROSE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3601 N.W. 32ND WAY	CITY-ST-ZIP LAUDERDALE LAKES FL 33309	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, with all other like empowered.

SIGNATURE: *Joseph C. L. Benoit* **SIGNATURE REQUIRED** Date 2/22/99 Daytime Phone # _____

CR2E037 (11/98)