

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90080 009 \*\*\*\*61.25

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/25/1984

4. FEI Number

NOT APPLICABLE

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

2/22/99

Daytime Phone #

CR2E037 (11/98)