

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

0045991

03-26-2001 90136 025 ****61.25

DOCUMENT # NO4359

1. Entity Name

CAREFREE COVE MOBILE HOME OWNERS, INC.

Principal Place of Business

Mailing Address

3273 NW 37TH ST.
 P.O. BOX 491425
 LAUDERDALE LKS FL 33309
 US

3273 NW 37TH ST.
 P.O. BOX 491425
 LAUDERDALE LKS FL 33309
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

Name **ELLEN M. BRIGGS**

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

3225 N.W. 34TH ST

City **FT. LAUDERDALE FL**

Zip Code **33309**

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 *Ellen M. Briggs*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **BENOIT, JOSEPH C.L.**
 STREET ADDRESS **3225 N.W. 37TH STREET**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **P** Change Addition
 NAME **BRIGGS ELLEN**
 STREET ADDRESS **3225 NW 34th Street**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **VP** Delete
 NAME **DUENARME, YVETTE**
 STREET ADDRESS **2257 NW 34 CT.**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **LEONARD, JAMES**
 STREET ADDRESS **3631 NW 32ND WAY**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **S** Change Addition
 NAME **LUCAS BARBARA**
 STREET ADDRESS **3216 NW 35TH COURT**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **T** Delete
 NAME **BEATO, LEONORA**
 STREET ADDRESS **3256 N.W. 34TH STREET**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE Change Addition
 NAME **Schumacher Steven**
 STREET ADDRESS **3409 NW 32nd way**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **D** Delete
 NAME **FORTIN, JACQUILINE**
 STREET ADDRESS **3257 N.W. 37TH STREET**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE Change Addition
 NAME **DHADSALL LOAN**
 STREET ADDRESS **3410 NW 34th Street TERR**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **D** Delete
 NAME **BAND, ROSE**
 STREET ADDRESS **3601 N.W. 32ND WAY**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE Change Addition
 NAME **SANDS LARRY**
 STREET ADDRESS **3420 NW 32nd AVE**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

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: *Ellen M. Briggs* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

954 733 9112

Daytime Phone #

CR2E037 (10/00)