

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90193 008 ****61.25

DOCUMENT # N04359

1. Entity Name

CAREFREE COVE MOBILE HOME OWNERS, INC.

Principal Place of Business

3273 NW 37TH ST.
~~P.O. BOX 101425~~
 LAUDERDALE LKS FL 33309
 US

Mailing Address

3273 NW 37TH ST.
~~P.O. BOX 101425~~
 LAUDERDALE LKS FL 33309
 US

2. Principal Place of Business

3273 N.W. 37TH ST

3. Mailing Address

3273 N.W. 37TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAUDERDALE LAKES FL

City & State
LAUDERDALE LAKES FL

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip **33309** Country **BROWARD**

Zip **33309** Country **BROWARD**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRIGGS, ELLEN M
3225 N.W. 34TH STREET
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **YVETTE DUENARME**

Street Address (B.O. Box Number is Not Acceptable)
3233 N.W. 34 CT

City **LAUDERDALE LAKES 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 *Yvette Ducharme*
 Signature, typed or printed name of registered agent and title if applicable.



Yvette Tetreault Ducharme
3233 NW 34th Ct.
Fort Lauderdale, FL 33309

04/22/02
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIGGS, ELLEN 3225 NW 34TH STREET LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUENARME, YVETTE 2257 NW 34 CT. LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCAS, BARBARA 3216 NW 35TH CT LAUDERDALE LAKES FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I SCHUMACHER, STEVEN 3409 NW 32ND WAY LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADSALL, JOAN 3410 NW 34TH TERR LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDS, LARRY 3420 NW 32ND AVE LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YVETTE DUENARME 3233 N.W. 34TH CT LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVEN SCHUMACHER 3409 N.W. 37th WAY LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALAN Fulkerson 3601 N.W. 32nd AVE LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN OWEN 3241 N.W. 34TH CT LAUDERDALE LAKES FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAY PARSONS 3240 NW 34TH ST LAUDERDALE LAKES FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Yvette Ducharme*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/02 **954-357-8229**
 Date Daytime Phone #

0028884
 CRE037 (9/01)