

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04359

FILED
Feb 20, 2006
Secretary of State

Entity Name: CAREFREE COVE MOBILE HOME OWNERS, INC.

Current Principal Place of Business:

3273 NW 37TH ST.
LAUDERDALE LKS, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3256 NW 34TH ST
LAUDERDALE LKS, FL 33309 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEATO, LEONORA T
3256 NW 34TH ST
LAUDERDALE LAKES, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PARSONS, KAY
Address: 3240 NW 34TH ST.
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: S () Delete
Name: LAWRENCE, JAYNE
Address: 3257 NW 37TH ST.
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: T () Delete
Name: BEATO, LEE
Address: 3256 NW 34TH ST
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: P () Delete
Name: BENSON, RHONDA
Address: 3501 NW 32ND WAY
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: D () Delete
Name: SALLY, LIMA
Address: 3620 NW 32ND TER.
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: D () Delete
Name: WELLS, DALE
Address: 3249 NW 37TH ST.
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GAINES, RAYVOND
Address: 3405 NW 32ND WAY
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA BENSON

P

02/20/2006

Electronic Signature of Signing Officer or Director

Date