


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N04359 |  |
| 1. Entity Name CAREFREE COVE MOBILE HOME OWNERS, INC. | |

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|---|--|
| Principal Place of Business 3273 NW 37TH ST. LAUDERDALE LKS FL 33309 US | Mailing Address 3256 NW 34TH ST LAUDERDALE LKS FL 33309 US |
|---|--|



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E037 (10/06)

| | | | |
|--------------|--------------|---|-------------------------------|
| City & State | City & State | 4. FEI Number NO-T APPLICABLE | Applied For Not Applicable |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| BEATO, LEONORA T 3256 NW 34TH ST LAUDERDALE LAKES FL 33309 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP PARSONS, KAY 3240 NW 34TH ST. LAUDERDALE LAKES FL 33309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S GAINES, RAYVOND 3405 NW 32ND WAY LAUDERDALE LAKES FL 33309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T BEATO, LEE 3256 NW 34TH ST LAUDERDALE LAKES FL 33309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P BENSON, RHONDA 3501 NW 32ND WAY LAUDERDALE LAKES FL 33309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D SALLY, LIMA 3620 NW 32ND TER. LAUDERDALE LAKES FL 33309 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D WELLS, DALE 3249 NW 37TH ST. LAUDERDALE LAKES FL 33309 | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

U00000602825
01/26/07-80107-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Leonora Beato **LEONORA BEATO** 1/23/07 (954) 731-3639