

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 MAR -2 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N04359</b>					
1. Entity Name <b>CAREFREE COVE MOBILE HOME OWNERS, INC.</b>					
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.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BEATO, LEONORA T 3256 NW 34TH ST LAUDERDALE LAKES, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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, in accordance with, and accept the obligations of registered agent.					
400092060424 03/12/07--01002--008 **\$61.25					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARSONS, KAY 3240 NW 34TH ST. LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VACAN 400092060424 03/12/07--01002--009 **\$8.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>GAINES, RAYMOND (RESIGNED)</del> <del>3405 NW 32ND WAY</del> <del>LAUDERDALE LAKES, FL 33309</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAURENCE SANDS 3420 NW 32ND AVE. (954) 484-1800 LAUDERDALE LAKES, FL 33309	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENSON, RHONDA (MOVED) 3501 NW 32ND WAY LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAY PARSONS 3240 NW 34TH ST. LAUDERDALE LAKES, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLY, LIMA (DECEASED) 3020 NW 32ND TER. LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT MARTIN 3232 NW 36TH ST. LAUDERDALE LAKES, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, DALE (RESIGNED) 3240 NW 37TH ST. LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVE STEVENS 3461 NW 32ND WAY LAUDERDALE LAKES, FL 33309	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Leonora Beato</u> LEONORA BEATO 3/26/07 (954) 731-3639					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date <span style="float: right;">Daytime Phone #</span></span>					