


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90221 001 ****61.25
06-02-2008 90221 002 *****8.75

DOCUMENT # **NO4359**

1. Entity Name
CAREFREE COVE MOBILE HOMEOWNERS



DO NOT WRITE IN THIS SPACE

66012793

2. Principal Place of Business - No P.O. Box #
3450 N.W. 32ND AVENUE

3. Mailing Address
3450 N.W. 32ND AVENUE

Suite, Apt. #, etc.

CR2E037B (5/07)

City & State
LAUDERDALE LAKES, FL

City & State
LAUDERDALE LAKES, FL

Zip
33309

Country
U.S.A.

Zip
33309

Country
U.S.A.

4. FEI Number
NO-T APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ANABEL DIAZ AURICH

Street Address (P.O. Box Number is Not Acceptable)
3450 N.W. 32ND AVENUE

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

SIGNATURE *Anabel Diaz Aurich* **ANABEL DIAZ AURICH** DATE **April 17TH, 2008**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FEI IS \$61.25
Initial or Amended AR**

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	PRESIDENT JOHN ANDERSON 3200 N.W. 35 ST. LAUDERDALE LAKES, FL, 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT PETER MIHALICH 3201 N.W. 32 WAY. LAUDERDALE LAKES FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOSEPH BENOIT 3225 N.W. 37 ST. LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANABEL DIAZ AURICH 3450 N.W. 32 AVE. LAUDERDALE LAKES, FL, 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAWNE LAWRENCE 3257 N.W. 37 ST. LAUDERDALE LAKES, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DALE WELLS 3249 N.W. 37 ST. LAUDERDALE LAKES, FL, 33309

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Anabel Diaz Aurich* **ANABEL DIAZ AURICH** DATE **April 17TH, 2008** DAYTIME PHONE # **954-540-3796**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #