

**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 HOME OWNERS ASSOCIATION



DO NOT WRITE IN THIS SPACE

66012793

2. Principal Place of Business - No P.O. Box #

3450 NW 32nd Avenue

Suite, Apt. #, etc.

3. Mailing Address

3450 N.W. 32nd Avenue

Suite, Apt. #, etc.

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

CR2E037B (5/07)

**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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

April 17th, 2008

DATE

FEE 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	PRESIDENT
NAME	JOHN ANDERSON
STREET ADDRESS	3200 NW 35 ST.
CITY-ST-ZIP	LAUDERDALE LAKES, FL, 33309
TITLE	VICE-PRESIDENT
NAME	PETER MIHALICH
STREET ADDRESS	3201 NW 32nd Way.
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309
TITLE	TREASURER
NAME	JOSEPH BENJAMIN
STREET ADDRESS	3225 NW 37 ST.
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	SECRETARY
NAME	ANABEL DIAZ AURICH
STREET ADDRESS	3450 NW 32 AVE.
CITY-ST-ZIP	LAUDERDALE LAKES, FL, 33309
TITLE	DIRECTOR
NAME	JANNE LAWRENCE
STREET ADDRESS	3257 NW 37 ST.
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	DIRECTOR
NAME	DALE WELLS
STREET ADDRESS	3249 N.W. 37 ST.
CITY-ST-ZIP	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 April 17th, 2008

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone #

954-540-3796