

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04359

FILED
May 10, 2010
Secretary of State

Entity Name: CAREFREE COVE MOBILE HOME OWNERS, INC.

Current Principal Place of Business:

3224 NW 34TH ST
LAUDERDALE LAKES, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

3224 NW 34TH ST
LAUDERDALE LAKES, FL 33309 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TABOR, SUSAN
3224 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: P
Name: AURICH, ANIBAL
Address: 3450 NW 32ND AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: VP
Name: SABANDO, MYRA
Address: 3232 NW 34TH ST
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: T
Name: BENOIT, JOSEPH
Address: 3225 NW 37 ST
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: S
Name: TABOR, SUSAN
Address: 3224 NW 34TH ST
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: D
Name: DIAZ, ANABEL
Address: 3450 NW 32ND AVE
City-St-Zip: LAUDERDALE LAKES, FL 33309 US

Title: D
Name: MARTIN, BOB
Address: 3240 NW 36TH CT
City-St-Zip: LAUDERDALE LAKES, FL 33309

I hereby 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 all other like empowered.

SIGNATURE: ANIBAL AURICH

P

05/10/2010

Electronic Signature of Signing Officer or Director

Date