

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90056 040 \*\*\*\*61.25

0009596

**DOCUMENT # N04359**

1. Entity Name

**CAREFREE COVE MOBILE HOME OWNERS, INC.**



Principal Place of Business

3273 NW 37TH ST.  
LAUDERDALE LKS FL 33309  
US

Mailing Address

3273 NW 37TH ST.  
LAUDERDALE LKS FL 33309  
US

2. Principal Place of Business

3. Mailing Address

3420 NW 32nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAUDERDALE LAKES FL

Zip

Country

Zip  
33309

Country  
US

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DUENARME, YVETTE**  
3233 NW 34 CT  
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **LARRY SANDS**

Street Address (P.O. Box Number is Not Acceptable)

3420 NW 32nd AVE

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 **LARRY SANDS**

Signature, typed or printed name of registered agent and title if applicable.

*Larry Sands*

(NOTE: Registered Agent signature required when reinstating)

07/08/03

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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	<input checked="" type="checkbox"/> Delete
P	DUENARME, YVETTE	3233 N.W 34TH CT	LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/>
VP	SCHUMACHER, STEVE	3409 NW 37TH WAY	LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/>
S	LUCAS, BARBARA	3216 NW 35TH CT	LAUDERDALE LAKES FL 33309	<input type="checkbox"/>
T	FULKERSON, ALAN	3601 N.W 32ND AVE	LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/>
D	OWEN, JOHN	3241 N.W 34TH CT	FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/>
D	PARSONS, KAY	3240 NW 34TH ST	LAUDERDALE LAKES FL 33309	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	SANDS, LARRY	3420 NW 32ND AVE	LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	TRAINO, GERRY	3216 NW 34th CT	LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	LUCAS, BARBARA	3216 NW 35th CT	LAUDERDALE LAKES, FL 33309	<input type="checkbox"/>	<input type="checkbox"/>
T	BENOIT, JOE	3225 NW 37th ST	LAUDERDALE LAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	FORTIN, JACKIE	3631 NW 32nd WAY	LAUDERDALE LAKES, FL 33309	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	PARSONS, KAY	3240 NW 34th ST	LAUDERDALE LAKES, FL 33309	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*Larry Sands* 954 4841800

Date

Daytime Phone #

CR2E037 (4/03)