

2006


# CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90193 043 \*\*\*150.00

02-20-02 90025 020 \$150.00 \*\* \$55.00

01-17-03 90035 043 \$150.00 \*\* \$6.25

<b>DOCUMENT # N07000001775</b>			
1. Entity Name <b>CAREFREE GREENSPACE, CORP.</b>			
Principal Place of Business <b>3000 CAREFREE BLVD. FT. MYERS, FL 33917</b>		Mailing Address <b>3000 CAREFREE BLVD. FT. MYERS, FL 33917</b>	
2. Principal Place of Business <b>3377 GOLDA CIRCLE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3377 GOLDA CIRCLE</b> Suite, Apt. #, etc.	
City & State <b>FT MYERS, FL</b> Zip <b>33917</b> Country <b>USA</b>		City & State <b>FT MYERS, FL</b> Zip <b>33917</b> Country <b>USA</b>	
4. FEI Number <b>65-1061191</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WOHN, PAULINE 3000 CAREFREE BLVD. E16 NORTH FORT MYERS, FL 33917</b>		7. Name and Address of New Registered Agent <b>Pauline S. Wohn 3236 Eleanor Way Fort Myers, FL 33917</b>	
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 <u>Pauline S. Wohn, Treasurer</u> DATE <u>1/6/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCKLEY, WANDA 3000 CAREFREE BLVD. FT. MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3316 GOLDA CIRCLE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOHN, PAULINE 3000 CAREFREE BLVD. FT. MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3236 ELEANOR WAY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, NOR-ANN 3000 CAREFREE BLVD. NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3388 GOLDA CIRCLE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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>Pauline S. Wohn, Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>1/6/06</u> DAYTIME PHONE # <u>239-567-1394</u>	