

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14325 (7)**

1. Corporation Name
CAREFREE VILLAGE RESIDENTS SOCIAL CLUB, INC.



Principal Place of Business
**9035 DALE DR
TAMPA FL 33615
US**

Mailing Address
**9035 DALE DR
TAMPA FL 33615
US**

3. Date Incorporated or Qualified **04/10/1986** 3a. Date of Last Report **03/17/1995**

2. Principal Place of Business
21 **9035 DALE DR** 2a. Mailing Address
26 **9035 DALE DRIVE**

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.
27

City & State
23 **TAMPA FL** 28 **TAMPA FL**

Zip Country
24 **33615** 25 **HILLSBOROUGH** 29 **33615** 30 **HILLSBOROUGH**

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HESSLER, JUANITA
9033 DUKE DRIVE
TAMPA FL 33615**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE
NAME **COUCH, FRANCES**
STREET ADDRESS **9038 ALLEN CIR**
CITY-ST-ZIP **TAMPA FL**

TITLE **V** DELETE
NAME **RAINEY, HELEN**
STREET ADDRESS **8011 FORD PL**
CITY-ST-ZIP **TAMPA FL**

TITLE **T** DELETE
NAME **SHOVANEC, ELSIE**
STREET ADDRESS **9035 DALE DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **S** DELETE
NAME **MACPHERSON, KAY**
STREET ADDRESS **9054 ALLEN CIR.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** DELETE
NAME **HESSLER, JUANITA**
STREET ADDRESS **9033 DUKE DR**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** DELETE
NAME **KERNS, PEARL**
STREET ADDRESS **9042 ALLEN CIR**
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P JUANITA HESSLER** Change Addition
1.2 NAME
1.3 STREET ADDRESS **9033 DUKE DRIVE**
1.4 CITY-ST-ZIP **TAMPA FL 33615**

2.1 TITLE **V FRANCES COUCH** Change Addition
2.2 NAME
2.3 STREET ADDRESS **9038 ALLEN CIRCLE**
2.4 CITY-ST-ZIP **TAMPA FL 33615**

3.1 TITLE **T ELSIE SCHOVANEC** Change Addition
3.2 NAME
3.3 STREET ADDRESS **9035 DALE DRIVE**
3.4 CITY-ST-ZIP **TAMPA FL 33615**

4.1 TITLE **S CAROL BROWN** Change Addition
4.2 NAME
4.3 STREET ADDRESS **8006 DOVE DRIVE**
4.4 CITY-ST-ZIP **TAMPA, FL 33615**

5.1 TITLE **D PEARL KERNS** Change Addition
5.2 NAME
5.3 STREET ADDRESS **9042 ALLEN CIRCLE**
5.4 CITY-ST-ZIP **TAMPA FL 33615**

6.1 TITLE **D JEAN DODGE** Change Addition
6.2 NAME
6.3 STREET ADDRESS **8811 POE DR.**
6.4 CITY-ST-ZIP **TAMPA FL 33615**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elsie Schovaneec 3/7/96 885-6976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)