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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14325 (7)

1. Corporation Name

CAREFREE VILLAGE RESIDENTS SOCIAL CLUB, INC.



Principal Place of Business

Mailing Address

9035 DALE DR
TAMPA FL 33615
US

9035 DALE DR
TAMPA FL 33615-1909
US

3. Date Incorporated or Qualified
04/10/1986

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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
MATTICE ELSA

82 Street Address (P.O. Box Number is Not Acceptable)
9034 ALLEN CIRCLE

83

84 City
TAMPA

85 Zip Code
FL 33615

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, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Elsa Mattice*

Jul 12/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE VAMES, JOAN Change Addition
1.2 NAME
1.3 STREET ADDRESS 8851 BYRON DRIVE
1.4 CITY-ST-ZIP TAMPA, FL. 33615

TITLE D DELETE
NAME DODGE, JEAN
STREET ADDRESS 8811 POE DRIVE
CITY-ST-ZIP TAMPA FL

2.1 TITLE D COUCH, FRANCES Change Addition
2.2 NAME
2.3 STREET ADDRESS 9038 ALLEN CIR
2.4 CITY-ST-ZIP TAMPA, FL. 33615

TITLE Tc DELETE
NAME SHO VANEC, ELSIE
STREET ADDRESS 9035 DALE DR
CITY-ST-ZIP TAMPA FL

3.1 TITLE T SHO VANEC, ELSIE Change Addition
3.2 NAME
3.3 STREET ADDRESS SAME 9035 DALE DR
3.4 CITY-ST-ZIP TAMPA FL 33615

TITLE S DELETE
NAME BROWN, CAROL
STREET ADDRESS 8006 DOVE DRIVE
CITY-ST-ZIP TAMPA FL

4.1 TITLE S RUTH E SMITH Change Addition
4.2 NAME
4.3 STREET ADDRESS 9047 ALLEN CIRCLE
4.4 CITY-ST-ZIP TAMPA, FL. 33615

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

5.1 TITLE P MATTICE, ELSA Change Addition
5.2 NAME
5.3 STREET ADDRESS 9034 ALLEN CIRCLE
5.4 CITY-ST-ZIP TAMPA, FL. 33615

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

6.1 TITLE D MACCABE, NANCY Change Addition
6.2 NAME
6.3 STREET ADDRESS 8021 SHAW DR.
6.4 CITY-ST-ZIP TAMPA FL 33615

14. I do 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 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: *Elsa Mattice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0048279

CR2E037 (9/96)