


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90020 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002599					
1. Corporation Name THE RESORT ON CAREFREE BOULEVARD COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 3000 CAREFREE BLVD FT MYERS FL 33917			Mailing Address 3000 CAREFREE BLVD FT MYERS FL 33917		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0714089	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
RAZETE, GINA 3000 CAREFREE BLVD FT MYERS FL 33917			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	Treasurer	<input type="checkbox"/> DELETE	1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAZETE, GINA			1.2 NAME	Gina Razete		
STREET ADDRESS	3000 CAREFREE BLVD			1.3 STREET ADDRESS	3000 Carefree Blvd		
CITY-ST-ZIP	FT MYERS FL 33917			1.4 CITY-ST-ZIP	Ft. Myers, FL 33917		
TITLE	DVS		<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROENE, CATHY			2.2 NAME	Sue Collier		
STREET ADDRESS	3000 CAREFREE BLVD			2.3 STREET ADDRESS	3000 Carefree Blvd		
CITY-ST-ZIP	FT MYERS FL 33917			2.4 CITY-ST-ZIP	Ft. Myers FL 33917		
TITLE	D	Secretary	<input type="checkbox"/> DELETE	3.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLLER, SUE			3.2 NAME	Sharon Rodgers		
STREET ADDRESS	3000 CAREFREE BLVD			3.3 STREET ADDRESS	3000 Carefree Blvd		
CITY-ST-ZIP	FT MYERS FL 33917			3.4 CITY-ST-ZIP	Ft. Myers, FL 33917		
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	NORMA JOCK		
STREET ADDRESS				4.3 STREET ADDRESS	3000 Carefree Blvd		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Ft. Myers, FL 33917		
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Alice Ferracane		
STREET ADDRESS				5.3 STREET ADDRESS	3000 Carefree Blvd		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Ft. Myers, FL 33917		
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE:

Gina Razete
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer
 Date: 3/1/99 941-731-3000
 Daytime Phone #

CR2E037 (11/98)