

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

02-27-2002 90055 002 ****61.25

25465

DOCUMENT # N96000002599

1. Entity Name

**THE RESORT ON CAREFREE BOULEVARD COMMUNITY ASSOC
 IATION, INC.**

Principal Place of Business

Mailing Address

**3000 CAREFREE BLVD
 FT MYERS FL 33917**

**3000 CAREFREE BLVD
 FT MYERS FL 33917**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0714089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**ADAMS, JOSEPH E ESQ.
 BECKER & POLIAKOFF, P.A.
 13515 BELL TOWER DRIVE, SUITE 101
 FORT MYERS FL 33907**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **RAZETE, GINA**
 STREET ADDRESS **3000 CAREFREE BLVD**
 CITY-ST-ZIP **FT MYERS FL 33917**

TITLE **DP** ☒ Delete
 NAME **RODGERS, SHARON**
 STREET ADDRESS **3000 CAREFREE BLVD**
 CITY-ST-ZIP **FT MYERS FL 33917**

TITLE **VP** ☒ Delete
 NAME **NORMA, JACK**
 STREET ADDRESS **3000 CAREFREE BLVD**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **DT** ☒ Delete
 NAME **FERRACANE, ALICE**
 STREET ADDRESS **3000 CAREFREE BLVD**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **DS** ☒ Delete
 NAME **JUNE, ANGELOS**
 STREET ADDRESS **3000 CAPEFREE BLVD**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
 NAME **Grace Field, D**
 STREET ADDRESS **3000 Carefree Blvd**
 CITY-ST-ZIP **Ft Myers FL 33917**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Sally Neese, D**
 STREET ADDRESS **3000 Carefree Blvd**
 CITY-ST-ZIP **Ft Myers FL 33917**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Sue Laidger, D**
 STREET ADDRESS **3000 Carefree Blvd**
 CITY-ST-ZIP **Ft Myers FL 33917**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Barb Bazzo**
 STREET ADDRESS **3000 Carefree Blvd**
 CITY-ST-ZIP **Ft Myers FL 33917** **DELETE**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **BARBARA GERBER, D**
 STREET ADDRESS **3000 CAREFREE BLVD**
 CITY-ST-ZIP **FT MYERS, FL 33917**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E037 (9/01)

*Official
 President*