2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# N96000002599

Entity Name: THE RESORT ON CAREFREE BOULEVARD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 65-0714089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: FRIED, CONNIE
Address: 3000 CAREFREE BLVD
City-St-Zip: FT MYERS, FL 33917

Title: SD ( ) Delete
Name: FIELD, GRACE
Address: 3000 CAREFREE BLVD
City-St-Zip: FT MYERS, FL 33917

Title: P ( ) Delete
Name: NEESE, SALLY
Address: 3000 CAREFREE BLVD
City-St-Zip: FT. MYERS, FL

Title: TD ( ) Delete
Name: ALONSON, DELIA
Address: 3000 CAREFREE BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: MCCAHILL, KATHLEEN
Address: 3000 CAPEFREE BLVD
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANTOLINI, JANE
Address: 3000 CAREFREE BLVD #E30
City-St-Zip: FT MYERS, FL 33917

Title: VPD (X) Change ( ) Addition
Name: TACKET, JANET
Address: 3000 CAREFREE BLVD #M18
City-St-Zip: FT MYERS, FL 33917

Title: TD (X) Change ( ) Addition
Name: WALSH, M.J.
Address: 3000 CAREFREE BLVD #W05
City-St-Zip: FT. MYERS, FL 33917

Title: D (X) Change ( ) Addition
Name: SMYTH, D.J.
Address: 3000 CAREFREE BLVD #A40
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change ( ) Addition
Name: FRIED, CYNTHIA
Address: 3000 CAPEFREE BLVD #S16
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE ANTOLINI PD 04/06/2004

Electronic Signature of Signing Officer or Director — Date