

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002599

FILED  
Apr 06, 2005  
Secretary of State

**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: PD ( ) Delete  
Name: ANTOLINI, JANE  
Address: 3000 CAREFREE BLVD #E30  
City-St-Zip: FT MYERS, FL 33917

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: WALSH, MJ  
Address: 3000 CAREFREE BLVD #W05  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD (X) Change ( ) Addition  
Name: SABIA, JULIE  
Address: 3000 CAREFREE BLVD #G39  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD (X) Change ( ) Addition  
Name: WIDDICOMBE, JUDY  
Address: 3000 CAREFREE BLVD #G27  
City-St-Zip: NORTH FORT MYERS, FL 33919

Title: D (X) Change ( ) Addition  
Name: ALLEN, ANN  
Address: 3281 GOLDA CIR  
City-St-Zip: NORTH 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: MJ WALSH

PD

04/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date