

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90151 030 ****61.25

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



Principal Place of Business
% 3220 MARTINA CT
NORTH FORT MYERS, FL 33917

Mailing Address
% 3220 MARTINA CT
NORTH FORT MYERS, FL 33917



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
12650 WHITEHALL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032007 Chg-NP CR2E037 (12/06)

City & State

City & State
FORT MYERS, FL

4. FEI Number
65-0714089

Applied For
Not Applicable

Zip

Country

Zip

Country

33907

US

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
BONITA D. VANDALL

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

12650 WHITEHALL DR

City
FORT MYERS

FL

Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

B. D. V. O. L. L.

BONITA D. VANDALL

4/11/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROBINSON, LOUISE
3220 MARTINA CT
NORTH FORT MYERS, FL 33917 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CROSBY, KATIE
3263 ELEANOR WY
NORTH FORT MYERS, FL 33917 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SABIA, JULIE
3357 GOLDA CIR
NORTH FORT MYERS, FL 33917 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WIDDICOMBE, JUDITH
3288 GOLDA CIR
NORTH FORT MYERS, FL 33919 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EMLER, DIXIE
5708 CRYSTAL BAY W DR
PLAINFIELD, IN 46168 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FIELD, GRACE
3209 ELEANOR WY
NORTH FORT MYERS, FL 33917 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JENNINGS, LILLIAN
3271 MARTINA CT
NORTH FORT MYERS, FL 33917 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BECKER, JUDY
18169 WILLA WAY
NORTH FORT MYERS, FL 33917 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GRAGG, LINDA
3331 MARTINA CT
NORTH FORT MYERS, FL 33917 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLAHERTY, NANCY
3440 GOLDA CIRCLE
NORTH FORT MYERS, FL 33917 ☐ Change ☒ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Grace Field

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 Apr 07 (239) -567-2268

Date

Daytime Phone #