

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002599

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

% 3220 MARTINA CT
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

12650 WHITEHALL DR
FORT MYERS, FL 33907

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:

VANDALL, BONITA D
12650 WHITEHALL DR
FORT MYERS, FL 33907 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: BAMBERGER, MARY ANN
Address: 3240 MARTINA CT
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD () Delete
Name: GESAMAN, SUE
Address: 3320 MARTINA CT
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD () Delete
Name: BEALER, DOLLY
Address: 3389 GOLDA CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: PD () Delete
Name: GRAGG, LINDA
Address: 3331 MARTINA CT
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: JONES, KATHY
Address: 3217 ELEANOR WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CONE, CINDY
Address: 3252 ELEANOR WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HARNED, PEG
Address: 18240 ROSA P CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Change () Addition
Name: YAGER, SARA
Address: 3232 SUSAN B CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PEG HARNED

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date