2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2010
Secretary of State

DOCUMENT# N96000002599

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
Name: CONE, CINDY
Address: 3252 ELEANOR WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD
Name: RIVERS, BONNIE
Address: 3256 ELEANOR WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD
Name: FLAHERTY, NANCY
Address: 3440 GOLDA CIR
City-St-Zip: NORTH FORT MYERS, FL 33917

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

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

I hereby 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 all other like empowered.

SIGNATURE: PEG HARNED PRES 02/05/2010

Electronic Signature of Signing Officer or Director — Date