

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002599

FILED
Mar 05, 2011
Secretary of State

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

Current Principal Place of Business:

3000 CAREFREE BLVD., N
FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

3000 CAREFREE BLVD., N
FORT MYERS, FL 33917

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:

DRAKE, MARYLAKE
3000 CAREFREE BLVD., N
FORT MYERS, FL 33917 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 VP
Address: 3252 ELEANOR WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

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

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

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

Title: D
Name: YAGER, SARA AT-LARG
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: MARYKATE DRAKE

GM

03/05/2011

Electronic Signature of Signing Officer or Director

Date