

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90485 017 ****61.25

DOCUMENT # N96000002599

1. Entity Name

THE RESORT ON CAREFREE BOULEVARD COMMUNITY ASSOCIATION, INC.



Principal Place of Business
2180 W SR 434 SUITE 5000
LONGWOOD FL 32779

Mailing Address
2180 W SR 434 SUITE 5000
LONGWOOD FL 32779

55040909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0714089**

Applied For

Not Applicable

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

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 SUITE 5000
LONGWOOD FL 32779-5044

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	RAZETE, GINA	
STREET ADDRESS	3000 CAREFREE BLVD	
CITY-ST-ZIP	FT MYERS FL 33917	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRACEFIELD, D	
STREET ADDRESS	3000 CAREFREE BLVD	
CITY-ST-ZIP	FT MYERS FL 33917	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEESE, SALLY D	
STREET ADDRESS	3000 CAREFREE BLVD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LOINER, SUE	
STREET ADDRESS	3000 CAREFREE BLVD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GERBER, BARBARA D	
STREET ADDRESS	3000 CAPEFREE BLVD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT	
STREET ADDRESS	CONNIE FRIED	
CITY-ST-ZIP	3000 CAREFREE Blvd # 516	
	Fort MYERS. FL 33917	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	GRACE FIELD	
CITY-ST-ZIP	3000 Carefree	
	Fort Myers FL 33917	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	SALLY NEESE	
CITY-ST-ZIP	3000 CAREFREE Blvd	
	Fort Myers. FL 33917	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer ALONSO	
STREET ADDRESS	DELIA	
CITY-ST-ZIP	3000 CAREFREE BLVD 51	
	FORT MYERS. FL 33919	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	KATHLEEN McCallill	
CITY-ST-ZIP	3000 Carefree Blvd 642	
	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SALLY NEESE

3/27/03

239-731-1364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)