FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🥕 🐣

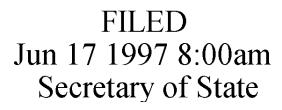
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name

N9700000019 (6)

CAREFREE CLUBHOUSE CORPORATION





Principal Place	e of Business	Mailing Address				1 COECTION OF USAIN HOUSE COMES COMES CONTROLLED AND A CONTROLLED STATE SERVE SELLED CONTROLLED STATE SERVE SELLED CONTROLLED SERVE			
3000 CAREFREE BLVD. FORT MYERS FL 33917		3000 CAREFREE BLVD. FORT MYERS FL 33917-7135							
						3. Date Incorporated or Qualified 12/23/1996	3a. Dat	e of Last R	leport
2. Principal P	lace of Business	2a. Mailing Addre	SS			4. FEI Number		Aŗ	oplied For
21		26				65-071517	8	No	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27				5. Certificate of states besited		Fee Re	equired
City & State	9	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	_Ц		to Fees
Zip	Country	Zìp	 1		8. This corporation has liability for			. 199.032,	
24	25	29	30			Fiorida Statutes 10. Name and Address of New Re	Yes [
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Re	gistered A	Seur	
				"	Mairie				
razete,			82 Street Ad			ddress (P.O. Box Number is Not Acceptable)			
	REFREE BLVD.			83					
FORT M	YER\$ FL 33917			63					
				84	City		FL	85 Zip	Code
44 6		00 017 4500 Firefal	- Ci-tut di			in the state of th			to reciptored
office or r	egistered agent, or both, in the Sta	te of Florida. Such chang	e was author	ized by	the corp	corporation submits this statement for the poration's board of directors. I hereby acce	ot the appo	onanging ii intment as	registered
, agent. I a	m familiar with, and accept the obli	gations of, Section 617.0	503, Florida S	Statutes	S.	•			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Pools	tered Age	nt clonet we r	equired when reinstating)	DATE		
12.		ND DIRECTORS		13.	an engriadare r	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	PTD	DEL		.1 TITLE				Change	☐ Addition
NAME	RAZETE, GINA	_	1	.2 NAME					;
STREET ADDRESS	3000 CAREFREE BLVD.				ADDRESS] }
CITY-ST-ZIP	FORT MYERS FL 33917			.4 CITY-S					l i
TITLE	VSD	☐ DEL		1 TITLE				Change	Addition
NAME	GROENE, CATHY		2	2 NAME		•••			İ
STREET ADDRESS	3000 CAREFREE BLVD.		2	.3 STREET	ADDRESS				i
CITY-ST-ZIP	FORT MYERS FL 33917			. 4 CITY - :					-
TITLE	D	☐ DEL		.1 TITLE			1	Change	Addition
NAME	COLLER, SUE		3	.2 NAME					İ
STREET ADDRESS	3000 CAREFREE BLVD.		3	3 STREET	ADDRESS				
CITY-ST-ZIP	FORT MYERS FL 33917		3	.4. CITY-1	ST-ZIP				- 1
TITLE		☐ DEL	ETE 4	.1 TITLE				Change	Addition
NAME			4	. 2 NAME		•			
STREET ADDRESS			4	.3 STREET	ADDRESS				
CITY-ST-ZIP			4	.4 CITY - S	T - 7(P				
TITLE		☐ DEL	ETE 5	.1 TITLE				Change	☐ Addition
NAME	•		5	.2 NAME					
STREET ADDRESS			5	.3 STREET	ADDRESS				
CITY-ST-ZIP			5	.4 CITY - S	T-ZIP				
TITLE		☐ DEL	ETÉ 6	A THILE				Change	☐ Addition
NAME			6	.2 NAME					
STREET ADDRESS			6	.3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY - 5					
4.4 Lala baral	are eastifus that the information arrest	and with this filing door o	at amalifu face	the eve	motion of	ated in Contine 110 07/3\(i). Florida Statuto	a Liuribar	portifu that	tha

I do 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 annual report or supplemental annual 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 certify hat the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if planted, or on an attachment with an address.