

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000019

FILED
Apr 04, 2005
Secretary of State

Entity Name: CAREFREE CLUBHOUSE CORPORATION

Current Principal Place of Business:

2180 W SR 434, SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434, SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 65-0715178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: TODD, RHODA
Address: 3000 CARETREE BLVD. G 16
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD () Delete
Name: DEVENS, JANE
Address: 3 WINDYCREST DR
City-St-Zip: BEAVER FALLS, PA 15010

Title: TD () Delete
Name: DAVIS, ELAINE
Address: 3000 CAREFREE BLVD. #M10
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: COLLER, SUE
Address: 3000 CAREFREE BLVD. #G80
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: CONSILO, BARBARA
Address: 3000 CAREFREE BLVD. #M04
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CONSILO, BARBARA
Address: 3000 CARETREE BLVD #M04
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD (X) Change () Addition
Name: MCNALLY, EMILY
Address: 3000 CAREFREE BLVD #A22
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD (X) Change () Addition
Name: JOCK, NORMA
Address: 3000 CAREFREE BLVD #W12
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Change () Addition
Name: GERBER, BARB
Address: 3000 CAREFREE BLVD #S19
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Change () Addition
Name: RENICK, GINNY
Address: 3000 CAREFREE BLVD #A34
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA CONSILO

PD

04/04/2005

Electronic Signature of Signing Officer or Director

Date