

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002599

Entity Name: THE RESORT ON CAREFREE BOULEVARD COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**3000 CAREFREE BLVD.
NORTH FORT MYERS, FL 33917**Current Mailing Address:**3000 CAREFREE BLVD.
NORTH FORT MYERS, FL 33917 US**FEI Number:** 65-0714089**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title	PRESIDENT
Name	EMPEY, CYNTHIA
Address	3000 CAREFREE BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	VP
Name	GREENBAUM, JULIE
Address	3000 CAREFREE BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	SECRETARY
Name	VALENTINE, SARAH
Address	3000 CAREFREE BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	TREASURER
Name	PROCITO, JOAN
Address	3000 CAREFREE BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	OFFICER
Name	SLATER, BARBARA
Address	3000 CAREFREE BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	OTHER
Name	BOLES, KELLY
Address	3000 CAREFREE BLVD.
City-State-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: KELLY BOLES**COMMUNITY MANAGER****01/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date