

2018 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:**STURGES, ERNEST ESQUIRE
701 JC CENTER CT., #3
PORT CHARLOTTE, FL 33954 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:** SHELBY L BEAL

01/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	COCHRANE, JOYCE
Address	3409 GOLDA CIRCLE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	VP
Name	SILVAN, DEB
Address	3281 MARTINA CT
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	SECRETARY
Name	ELLIOTT, PAM
Address	3345 GOLDA CIRCLE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	TREASURER
Name	HARNED, MARGUERITE
Address	3293 GOLDA CIRCLE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	OFFICER
Name	FULLER, CAROL
Address	3201 MARTINA COURT
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	OTHER
Name	GONZALEZ, 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 GONZALEZ**ASSOCIATION MANAGER** 01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date