

2014 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:**BONES, JENNIFER
3000 CAREFREE BLVD.
NORTH FORT MYERS, FL 33917 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:** JENNIFER BONES

01/15/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BUCK, CHERYL
Address	3429 GOLDA CIRCLE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	VP
Name	YOST, PATRICIA
Address	3251 ELEANOR WAY
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	SECRETARY
Name	SLATER, BARBARA
Address	3322 AMELIA RUN WAY
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	TREASURER
Name	COX, JUDY
Address	3425 GOLDA CIRCLE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	OFFICER
Name	BROWN, LOIS
Address	3456 GOLDA CIRCLE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	OTHER
Name	BONES, JENNIFER
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: JENNIFER BONES**GENERAL MANAGER**

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date