## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000019

Entity Name: CAREFREE CLUBHOUSE CORPORATION

FILED Feb 21, 2018 Secretary of State CC5271108156

**Current Principal Place of Business:** 

3000 CAREFREE BOULEVARD NORTH FORT MYERS, FL 33917

**Current Mailing Address:** 

3000 CAREFREE BOULEVARD NORTH FORT MYERS, FL 33917 US

FEI Number: 65-0715178 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAL, SHELBY 3000 CAREFREE BOULEVARD 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: SHELBY BEAL 02/21/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CHAIRMAN Title VC

Name BOMBERGER, SUE Name WILLIAMS, KRISTY

Address 3220 MARTINA COURT Address 3210 AMELIA RUN WAY

City-State-Zip: NORTH FORT MYERS FL 33917 City-State-Zip: NORTH FORT MYERS FL 33917

TitleSECRETARYTitleTREASURERNameDELIMAN, JEANNENameCOX, JUDITH

Address 18190 WILLA WAY Address 3425 GOLDA CIRCLE

City-State-Zip: NORTH FORT MYERS FL 33917 City-State-Zip: NORTH FORT MYERS FL 33917

TitleOTHERTitleMEMBER AT LARGENameBEAL SHELBYNameFORTNEY, JUNE

Address 3000 CAREFREE BOULEVARD Address 3201 SUSAN B. CIRCLE

City-State-Zip: NORTH FORT MYERS FL 33917 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: SHELBY L. BEAL

CAREFREE CLUBHOUSE MANAGER

02/21/2018