

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9700000019

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC0522102863**

**Entity Name:** CAREFREE CLUBHOUSE CORPORATION

**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

02/17/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name COCHRAN, LEA  
Address 3213 SUSAN B. CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title VC  
Name BARNES, CHARLOTTE  
Address 3288 GOLDA CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title SECRETARY  
Name SCULLY, TRICIA  
Address 3213 AMELIA RUN WAY  
City-State-Zip: NORTH FORT MYERS FL 33917

Title TREASURER  
Name PEDERSEN, JO  
Address 3282 SUSAN B. CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title MEMBER-AT-LARGE  
Name MESSINA, GRACE  
Address 3432 GOLDA CIRCLE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title OTHER  
Name BEAL, SHELBY  
Address 3000 CAREFREE BOULEVARD  
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 BEAL

**CAREFREE GENERAL  
MANAGER**

02/17/2016

Electronic Signature of Signing Officer/Director Detail

Date