


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90288 044 ****61.25

DOCUMENT # 712655 1. Entity Name THE CLARCONA IMPROVEMENT ASSOCIATION, INC.					
Principal Place of Business 5771 APOPKA VINELAND ROAD PO BOX 144 ORLANDO, FL 32818 US				Mailing Address P O BOX 144 CLARCONA, FL 32710-144 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 23-7010563	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEIGH, RICHARD A 1031 W. MORSE BLVD. STE. 350 WINTER PARK, FL 32792				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNN, JERE L		NAME		
STREET ADDRESS	7711 CLARCONA-OCOEE RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MISICKA, EDWARD		NAME	P.O. MISICKA, EDWARD	
STREET ADDRESS	5221 N. APOPKA VINELAND		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	PDC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLY, HERBERT H		NAME	VD SULLY, HERBERT H.	
STREET ADDRESS	7925 SULLY DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, JEFF		NAME		
STREET ADDRESS	5826 GILLIAM ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDA, WOLFE		NAME		
STREET ADDRESS	7204 JUNE BUG LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 332818		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jere L. Lynn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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