

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 044 ****61.25

DOCUMENT # 712655

1. Entity Name

THE CLARCONA IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address

5771 APOPKA VINELAND ROAD P O BOX 144
PO BOX 144 CLARCONA FL 32710-144
ORLANDO FL 32818 US
US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For

23-7010563 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGH, RICHARD A
1031 W. MORSE BLVD. STE. 350
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	LYNN, JERE L	
STREET ADDRESS	7711 CLARCONA-OCOE RD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MISICKA, EDWARD	
STREET ADDRESS	5221 N. APOPKA VINELAND	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SULLY, HERBERT H	
STREET ADDRESS	7925 SULLY DR	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEWART, JEFF	
STREET ADDRESS	5826 GILLIAM ROAD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LINDA, WOLFE	
STREET ADDRESS	7204 JUNE BUG LANE	
CITY-ST-ZIP	ORLANDO FL 33-2818	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharon R. McCall	
STREET ADDRESS	762 Jetfcoat St.	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	Board Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis Stone, Jr.	
STREET ADDRESS	7745 Stone Rd	
CITY-ST-ZIP	Apopka, FL. 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Chae L. Lynn (Jere L. Lynn)* 2/10/06 407-291-4388