

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90010 031 ****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

40010086



01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7010563

Applied For
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

**DO NOT WRITE
IN THIS SPACE**

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
MCCALL, SHARON R
762 JEFF COAT ST
APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BM
STONE, CURTIS JR
7745 STONE RD
APOPKA, FL 32703

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
SULLY, HERBERT H
7925 SULLY DR
ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Pres.
Edward J. Misicka, Jr.
5221 N. Apopka Vineland Rd.
Orlando FL 32818

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Tr.
Jere L. Lynn
7711 Clarcona Ocoec Rd
Orlando FL 32818

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-293-4417

Jere L. Lynn