

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765836 (2)**  
 1. Corporation Name  
**CLARCONA RESORT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 3000 S. CLARCONA RD #201 APOPKA FL 32703	Mailing Address 3000 S. CLARCONA RD #201 APOPKA FL 32703
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3. Date Incorporated or Qualified <b>11/22/1982</b>
4. FEI Number <b>59-2239590</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**HILLMAN, RANDY  
 203 E. HILLCREST ST.  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
 SIGNATURE *Randy Hillman* **RANDY HILLMAN** DATE **1-22-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PORTER, CLINTON	
STREET ADDRESS	3000 S. CLARCOONA RD. #2413	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FOX, MARY LOU	
STREET ADDRESS	3000 S. CLARCOONA RD., #1017	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAWTON, JANET	
STREET ADDRESS	3000 S. CLARCOONA RD., #1307	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VAN MEER, MARY J.	
STREET ADDRESS	3000 S. CLARCOONA RD., #206	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, GISELA	
STREET ADDRESS	3000 S. CLARCOONA RD., #313	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRETT, ROBERT	
STREET ADDRESS	3000 S. CLARCOONA RD., #1307	
CITY-ST-ZIP	APOPKA FL 32703	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D <b>STEMOCK, JANICE E.</b>
5.3 STREET ADDRESS	3000 S. CLARCONA RD #212
5.4 CITY-ST-ZIP	APOPKA, FL 32703
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clinton Porter* **CLINTON PORTER** DATE **1/14/98** 407-889-5491  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CRE037 (10/97)