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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765836

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/22/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2239590	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HILLMAN, RANDY 203 E. HILLCREST ST. ORLANDO FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, CLINTON			1.2 NAME	BUFALINI, VINCENT		
STREET ADDRESS	3000 S. CLARCOONA RD. #2413			1.3 STREET ADDRESS	3000 Clarcona Rd. #669		
CITY-ST-ZIP	APOPKA FL 32703			1.4 CITY-ST-ZIP	Apopka, FL 32703		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOX, MARY-LOU			2.2 NAME	PROTHERO, KENNETH		
STREET ADDRESS	3000 S. CLARCOONA RD., #1017			2.3 STREET ADDRESS	3000 Clarcona Rd. #725		
CITY-ST-ZIP	APOPKA FL 32703			2.4 CITY-ST-ZIP	Apopka, FL 32703		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWTON, JANET			3.2 NAME	WEAVER, JESSE		
STREET ADDRESS	3000 S. CLARCOONA RD., #1307			3.3 STREET ADDRESS	3000 Clarcona Rd. #805		
CITY-ST-ZIP	APOPKA FL 32703			3.4 CITY-ST-ZIP	Apopka, FL 32703		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN MEER, MARY J.			4.2 NAME	STEMOCK, JANICE		
STREET ADDRESS	3000 S. CLARCOONA RD., #206			4.3 STREET ADDRESS	3000 Clarcona Rd. #212		
CITY-ST-ZIP	APOPKA FL 32703			4.4 CITY-ST-ZIP	Apopka, FL 32703		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEMOCK, JANICE E			5.2 NAME	BOXER, SHEFRA		
STREET ADDRESS	3000 S. CLARCOONA RD. #212			5.3 STREET ADDRESS	3000 Clarcona Rd. #569		
CITY-ST-ZIP	APOPKA FL 32703			5.4 CITY-ST-ZIP	Apopka, FL 32703		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, ROBERT			6.2 NAME	PORTER, CLINTON		
STREET ADDRESS	3000 S. CLARCOONA RD., #1307			6.3 STREET ADDRESS	3000 Clarcona Rd. #2413		
CITY-ST-ZIP	APOPKA FL 32703			6.4 CITY-ST-ZIP	Apopka, FL 32703		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1-22-99 DAYTIME PHONE #: 407-889-5491

CR2E037 (11/98)