

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90095 004 \*\*\*\*70.00

**DOCUMENT # 765836**

1. Entity Name  
**CLARCONA RESORT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**3000 S. CLARCONA RD #201**      **3000 S. CLARCONA RD #201**  
**APOPKA FL 32703**      **APOPKA FL 32703-8740**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2239590**      Not Applicable

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

6. Name and Address of Current Registered Agent

**HILLMAN, RANDY**  
**203 E. HILLCREST ST.**  
**ORLANDO FL 32801**

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.

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

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

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>P</b> <b>BUFALINI, VINCENT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3000 CLARCONA RD 669</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
TITLE NAME	<b>VP</b> <b>PROTHERO, KENNETH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3000 CLARCONA RD 725</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
TITLE NAME	<b>T</b> <b>WEAVER, JESSE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>3000 CLARCONA RD 805</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
TITLE NAME	<b>S</b> <b>STEMOCK, JANICE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3000 CLARCONA RD 212</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
TITLE NAME	<b>D</b> <b>BOXER, SHEFRA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3000 CLARCONA RD 569</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
TITLE NAME	<b>D</b> <b>PORTER, CLINTON</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3000 CLARCONA RD 2413</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <b>BUFALIANI, VINCENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3000 CLARCONA RD #669</b>	
CITY-ST-ZIP	<b>APOPKA, FL 32703</b>	
TITLE NAME	<b>P</b> <b>PROTHERO, KENNETH</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3000 CLARCONA RD #725</b>	
CITY-ST-ZIP	<b>APOPKA, FL 32703</b>	
TITLE NAME	<b>S</b> <b>WEAVER, MARY LOU</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>3000 CLARCONA RD. #501</b>	
CITY-ST-ZIP	<b>APOPKA, FL 32703</b>	
TITLE NAME	<b>D</b> <b>STEMOCK, JANICE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3000 CLARCONA RD #212</b>	
CITY-ST-ZIP	<b>APOPKA, FL #32703</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>VP</b> <b>PORTER, CLINTON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3000 CLARCONA RD #2413</b>	
CITY-ST-ZIP	<b>APOPKA, - FL 32703</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **5/5/00**      **907 889-5491**

Date      Daytime Phone #

CR2E037 (9/99)