

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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)