

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90013 023 ****70.00

DOCUMENT # 765836

1. Entity Name

CLARCONA RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3000 S. CLARCONA RD #201
 APOPKA FL 32703**

**3000 S. CLARCONA RD #201
 APOPKA FL 32703**

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

59-2239590

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Randy Hillman

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

(NOTE: Registered Agent signature required when reinstating)

4/10/01
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D BUFALINI, VINCENT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3000 CLARCONA RD 669	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE NAME	P PROTHERO, KENNETH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3000 CLARDONA RD 725	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE NAME	S WEAVER, MARY L	<input type="checkbox"/> Delete
STREET ADDRESS	3000 CLARCONA RD #501	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE NAME	D STEMOCK, JANICE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3000 CLARCONA RD 212	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE NAME	D BOXER, SHEFRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3000 CLARCONA RD 569	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE NAME	V PORTER, CLINTON	<input type="checkbox"/> Delete
STREET ADDRESS	3000 CLARCONA RD 2413	
CITY-ST-ZIP	APOPKA FL 32703	

TITLE NAME	D SYLVIA COLFER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3000 CLARCONA RD 2502	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE NAME	D MARY LOU FOX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3000 CLARCONA RD 1017	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE NAME	D BOBBY BOSTWRIGHT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5103 MARTINGALE LANE	
CITY-ST-ZIP	APOPKA, FL 32712	
TITLE NAME	D NOBERT WICK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3000 CLARCONA RD 2521	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE NAME	P 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)(i), 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:

Clinton Porter
 PRESIDENT CLARCONA RESORT CONDOMINIUM ASSOCIATION INC. 4/4/01 407-889-5491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

UBR 1000

CR2E037 (10/00)