
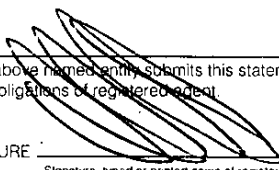


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90067 038 \*\*\*\*70.00

<b>DOCUMENT # 765836</b>					
1. Entity Name CLARCONA RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3000 S. CLARCONA RD STE. 201 APOPKA, FL 32703 US		Mailing Address 3000 S. CLARCONA RD SUITE 201 APOPKA, FL 32703 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number 59-2239590				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHANNON, DAVID M 3000 CLARCONA RD STE 201 APOPKA, FL 32703			Name <u>Schroth, Derek A. PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>600 JENNINGS AVE</u> City <u>EUSTIS, Florida</u> FL Zip Code <u>32726</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE <u>1/18/07</u>		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, DAVID M		NAME	SHANNON, DAVID M.	
STREET ADDRESS	2141 OAK LANE		STREET ADDRESS	2141 OAK LANE	
CITY-ST-ZIP	ZELLWOOD, FL 32798		CITY-ST-ZIP	Zellwood, FL. 32798	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOHM, ERICH		NAME	Albough, Robert	
STREET ADDRESS	3000 CLARCONA RD LOT 116		STREET ADDRESS	3000 CLARCONA RD LOT 1029	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCH, WILLIAM		NAME	Church, William	
STREET ADDRESS	3000 CLARCONA RD LOT 1001		STREET ADDRESS	3000 CLARCONA Rd LOT 1001	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEVERS, DAN		NAME	LEONARD, ROBERT	
STREET ADDRESS	3000 CLARCONA RD #709		STREET ADDRESS	3000 CLARCONA Rd LOT 676	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONATA, ANTOINE		NAME	Marote, Leonard	
STREET ADDRESS	3000 CLARCONA RD LOT 824		STREET ADDRESS	3000 CLARCONA Rd LOT 836	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKISON, LEE		NAME		
STREET ADDRESS	3000 CLARCONA RD #99		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>William C. Church</u> President			Date: <u>1/11/2008</u>		Daytime Phone #: <u>407-889-5491</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #