2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

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DOCUMENT # N0000008291 1. Entity Name CLARCONA GROVES PROPERTY OWNERS ASSOCIATION, INC.								6 901 44 ()39 ****61	25
Principal Place 250 PARK AV SUITE 630 WINTER PARK	YENUE SOUTH	Mailing Address P.O. BOX 3010 WINTER PARK, FL 327	790			4000 	·	f1 al is ie		1/11
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•	04122006	Chg-NP	CR2E	037 (11/05)	
City & State	•	City & State				4. FEI Numbe 59-370				oplied For of Applicable
Zip	Country	Zip	Cour	ntry		5. Certificate	of Status Desired	-	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of Nev	v Registered	Agent	
BATTAGLI	A W.P.			Name						
250 PARK	AVE, S, STE 630 ARK, FL 32789						r is Not Accepte e South	ible) I		
***********	71111, 12 02/00			Suite	e 63	30				
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	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registere	d office or i	register	ed agent, or bot	h, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE .	SPBay							04/2	حام	
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signatur	re required	when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund (mpaign Fir	nancing	re required	\$5.00 May B Added to Fees	e F	Make che	ck payable to	
10.	Filing Fee Is \$61.25	9. Election Car Trust Fund (mpaign Fir	nancing		\$5.00 May B Added to Fees	e F	Make che lorida Depa	artment of St	tate
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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.

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W.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.P. Battaglia 04/20/0-

407-622-1700

Daytime Phone # Date