

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008291

FILED  
Apr 16, 2012  
Secretary of State

**Entity Name:** CLARCONA GROVES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5462 CLARCONA KEY BLVD  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

5462 CLARCONA KEY BLVD  
ORLANDO, FL 32810

**New Mailing Address:**

**FEI Number:** 59-3709909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FABBRI, WILLIAM T  
477 SOUTH ROSEMARY AVENUE  
STE 301  
W PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** PRESSLEY, SUSAN  
**Address:** 5462 CLARCONA BLVD  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** D  
**Name:** WILLIAMS, TERRA  
**Address:** 5462 CLARCONA BLVD  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** D  
**Name:** HNEY, NATHANIEL B  
**Address:** 5462 CLARCONA BLVD.  
**City-St-Zip:** ORLANDO, FL 32810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SUSAN PRESSLEY

PRES

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date