

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90031 044 ****61.25

DOCUMENT # N95000001340			
1. Entity Name CLARCONA ESTATES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 14125 SERENA LAKE DR. ORLANDO, FL 32877 US		Mailing Address P.O. BOX 771555 ORLANDO, FL 32877	
2. Principal Place of Business - No P.O. Box # 380 SOUTH SR 434 Suite, Apt. #, etc. 1004-377		3. Mailing Address SAME	
City & State ALTAMONTE SPRINGS FL		City & State ALTAMONTE SPRINGS FL	
Zip 32714		Country US	
4. FEI Number 59-3353313		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CENTRAL ASSOCIATION MANAGEMENT, LLC 14125 SERENA LAKE DR. ORLANDO, FL 32877		7. Name and Address of New Registered Agent Name: 712 GROUP INC Street Address (P.O. Box Number is Not Acceptable): 380 S. SR 434 # 1004-377 City: ALTAMONTE SPRINGS FL Zip Code: 32714	
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: <i>Amal McLucas</i> DATE: 3-18-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 VP NAME PONDER, PAMELA STREET ADDRESS 5308 PINTO WAY CITY-ST-ZIP ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HANNA, DIANE STREET ADDRESS 5311 REGAL OAK CIR CITY-ST-ZIP ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROGERS, CASSANDRA STREET ADDRESS 5510 REGAL OAK CIR CITY-ST-ZIP ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME MCQUEEN, RONALD STREET ADDRESS 5429 REGAL OAK CIR CITY-ST-ZIP ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Amal McLucas</i> PRESIDENT		3-18-08 407-325-3520	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	