

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90014 038 ****61.25

DOCUMENT # N97000004761

1. Corporation Name

CLARCONA COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2180 WEST SR 434, STE. 5000
LONGWOOD FL 32779-5044

Mailing Address

2180 WEST SR 434, STE. 5000
LONGWOOD FL 32779-5044



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/21/1997

4. FEI Number

59-3466040

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DEMETREE, MARY L
3348 EDGEWATER DR.
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

HART JR, JAMES W

82 Street Address (P.O. Box Number is Not Acceptable)

2180 W SR 434 STE 5000

83

84 City

LONGWOOD

FL

85 Zip Code

32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DEMETREE, MARY L
STREET ADDRESS 3348 EDGEWATER DR.
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☒ DELETE
NAME SCHULER, LARRY
STREET ADDRESS 3348 EDGEWATER DR.
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☒ DELETE
NAME SMALL, RALPH
STREET ADDRESS 3348 EDGEWATER DR.
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME VD
4.3 STREET ADDRESS BLAND, ROBERT F
4.4 CITY-ST-ZIP 3348 EDGEWATER DR
ORLANDO FL 32804

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME SD
5.3 STREET ADDRESS MAGHINLA, CYNTHIA S.
5.4 CITY-ST-ZIP 3348 EDGEWATER DR
ORLANDO FL 32804

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

Date

4/29/99

Daytime Phone #

CR2E037 (11/98)