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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004449

1. Corporation Name

CLARCONA RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
3348 EDGEWATER DRIVE
ORLANDO FL 32804

Mailing Address
3348 EDGEWATER DRIVE
ORLANDO FL 32804



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3558406	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

DEMETREE, MARY L
3348 EDGEWATER DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMETREE, MARY L	1.2 NAME	BURDEN, JOHN
STREET ADDRESS	3348 EDGEWATER DRIVE	1.3 STREET ADDRESS	3348 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO FL 32804	1.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULER, LARRY	2.2 NAME	ANGERSTIEN, JEANNE
STREET ADDRESS	3348 EDGEWATER DRIVE	2.3 STREET ADDRESS	3348 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	SMALL, RALPH	3.2 NAME	
STREET ADDRESS	3348 EDGEWATER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Mary L Demetree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

407-422-8191

Date

Daytime Phone #

CR2E037 (1/98)