2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000004449

City-St-Zip:

Entity Name: CLARCONA RIDGE HOMEOWNERS ASSOCIATION, INC.

Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3348 EDGEWATER DRIVE ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 3348 EDGEWATER DRIVE ORLANDO, FL 32804 FEI Number: 59-3558406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEMETREE, MARY L SWARTZ, RON 3348 EDĞEWATER DRIVE 3348 EDGEWATER DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804 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: RONALD SWARTZ 04/30/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DEMETREE, MARY L SWARTZ, RON Name: Name: 3348 EDGEWATER DRIVE Address: 3348 EDGEWATER DRIVE Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: () Change () Addition Name: SCHULER, LARRY Name: Address: 3348 EDGEWATER DRIVE Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: Title: () Delete Title: (X) Change () Addition BURDEN, JOHN Name: BOELTER, MADELYN Name: 3348 EDGEWATER DRIVE 3348 EDGEWATER DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 Title: (X) Delete Title: () Change () Addition Name: EVANS, CHRIS N Name: Address: 3348 EDGEWATER DR Address: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RONALD SWARTZ D 04/30/2002