

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 765836

**Entity Name:** CLARCONA RESORT CONDOMINIUM ASSOCIATION, INC.

**FILED  
Dec 15, 2016  
Secretary of State  
CC5264654080**

**Current Principal Place of Business:**

3000 CLARCONA RD  
SUITE. 201A  
APOPKA, FL 32703

**Current Mailing Address:**

3000 CLARCONA RD.  
SUITE. 201A  
APOPKA, FL 32703 US

**FEI Number: 59-2239590**

**Certificate of Status Desired: Yes**

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

SCHROTH, DEREK APA  
600 JENNINGS AVE  
EUSTIS, FL 32726 US

*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

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name ROGERS, JOCELYN D  
Address 3000 CLARCONA RD. LOT 709  
City-State-Zip: APOPKA FL 32703

Title TREASURER  
Name GOODWIN, ANDRAETTE  
Address 3000 CLARCONA RD. LOT 2227  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR, SECRETARY  
Name BOTSACOS, DOROTHY J  
Address 3000 CLARCONA RD. LOT 659  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR, VP  
Name ANZELON, PETER  
Address 3000 CLARCONA RD. LOT 2400  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name PISCIOTTANO, RONALD  
Address 3000 CLARCONA RD  
UNIT 634  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name CHURCH, WILLIAM  
Address 3000 CLARCONA RD  
UNIT 1001  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name BAUMGARTNER, CAROLYN D.  
Address 3000 CLARCONA ROAD  
UNIT 405  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name SINGER, HUBERT  
Address 3000 CLARCONA RD UNIT 1112  
City-State-Zip: APOPKA FL 32703

**Continues on page 2**

*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: JOCELYN ROGERS**

**PRESIDENT**

**12/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FISHER, SAMUEL  
Address        3000 CLARCONA ROAD UNIT 235  
City-State-Zip: APOPKA FL 32703

Title           DIRECTOR  
Name           ROGERS, STEPHEN K  
Address        3000 CLARCONA ROAD UNIT 813  
City-State-Zip: APOPKA FL 32703