

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 765836

Entity Name: CLARCONA RESORT CONDOMINIUM ASSOCIATION, INC.

**FILED
Dec 16, 2015
Secretary of State
CC8433664835**

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 P
Name SANDS, CARROLL
Address 3000 CLARCONA RD. LOT 2705
City-State-Zip: APOPKA FL 32703

Title VP
Name RICE II, ROBERT L
Address 3000 CLARCONA RD. LOT 721
City-State-Zip: APOPKA FL 32703

Title SEC.
Name JACKSON, RANDY
Address 3000 CLARCONA ROAD LOT 1219
City-State-Zip: APOPKA FL 32703

Title TREA
Name ROSE, GINA K.
Address 3000 CLARCONA RD. LOT 2516
City-State-Zip: APOPKA FL 32703

Title D
Name GUYETT, DREW
Address 3000 CLARCONA RD. LOT 754
City-State-Zip: APOPKA FL 32703

Title D
Name MOORE, CHARLES
Address 3000 CLARCONA RD. LOT 301
City-State-Zip: APOPKA FL 32703

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

Title DIRECTOR
Name RICE, JENNIFER
Address 3000 CLARCONA RD
UNIT 1410
City-State-Zip: APOPKA FL 32703

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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: CARROLL SANDS

PRESIDENT

12/16/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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