

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765836

Entity Name: CLARCONA RESORT CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 16, 2015
Secretary of State
CC6835712301

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 BUFALINI, VINCENT
Address 3000 CLARCONA RD. LOT 672
City-State-Zip: APOPKA FL 32703

Title VP
Name BOTSOCAS, JAMES J
Address 3000 CLARCONA RD. LOT 659
City-State-Zip: APOPKA FL 32703

Title SEC.
Name JARVIS, KEVIN
Address 6424 LAKE LERLA DR
City-State-Zip: APOPKA FL 32712

Title TREA
Name HOHM, ERICH A
Address 3000 CLARCONA RD. LOT 115
City-State-Zip: APOPKA FL 32703

Title D
Name ANZELON, PETER
Address 3000 CLARCONA RD. LOT 2400
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 BAUGH, GARY
Address 3000 CLARCONA RD
UNIT 763
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: VINCENT BUFALINI

PRESIDENT

02/16/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEGNER, KENNETH
Address 1745 CHATHAM STREET
City-State-Zip: RACINE WI 53402