

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003364

**Entity Name:** CLIFTON VILLAGE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 29, 2017**  
**Secretary of State**  
**CC4124252319**

**Current Principal Place of Business:**

12620-3 BEACH BLVD.  
#301  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

12620-3 BEACH BLVD.  
#301  
JACKSONVILLE, FL 32246 US

**FEI Number: 55-0879268**

**Certificate of Status Desired: No**

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

GLADNEY, LISA  
12620-3 BEACH BLVD. #301  
JACKSONVILLE, FL 32246 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:** LISA GLADNEY

03/29/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LETURMY, MATT  
Address 12620-3 BEACH BLVD.  
#301  
City-State-Zip: JACKSONVILLE FL 32246

Title VP  
Name DELP, TIM  
Address 12620-3 BEACH BLVD. #301  
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY  
Name GHEEN, BONNIE  
Address 12620-3 BEACH BLVD. #301  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT  
Name SEYMOUR, JANINE  
Address 12620-3 BEACH BLVD. #301  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name HASSAN, DANIELLE  
Address 12620-3 BEACH BLVD.  
#301  
City-State-Zip: JACKSONVILLE FL 32246

*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:** JANINE SEYMOUR

**PRESIDENT**

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date