DOCUMENT# N06000011243	

### Entity Name: CLAYTON ESTATES HOMEOWNERS ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

1631 E. VINE STREET C/O ARTEMIS LIFESTYLES, INC SUITE 300 KISSIMMEE, FL 34744

#### **Current Mailing Address:**

1631 E. VINE STREET C/O ARTEMIS LIFESTYLES, INC SUITE 300 KISSIMMEE, FL 34744 US

#### FEI Number: 20-8378652

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

ARTEMIS LIFESTYLE SERVICES, INC. 1631 E. VINE STREET C/O ARTEMIS LIFESTYLES, INC SUITE 300 KISSIMMEE, FL 34744 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	DAVID BURMAN		02/06/2020
	Electronic Signature of Registered Agent		Date
Officer/Direc	ctor Detail :		
Title	VP	Title	PRESIDENT
Name	HOLMES, RUSSELL	Name	BOOHER, LORAIN
Address	1631 E. VINE STREET C/O ARTEMIS LIFESTYLES, INC SUITE 300	Address	1631 E. VINE STREET C/O ARTEMIS LIFESTYLES, INC SUITE 300
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744
Title	SECRETARY, TREASURER		
Name	RAINES, SEAN		
Address	1631 E. VINE STREET C/O ARTEMIS LIFESTYLES, INC SUITE 300		
City-State-Zip:	KISSIMMEE FL 34744		

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.

PRESIDENT

## SIGNATURE: LORAIN BOOHER

Electronic Signature of Signing Officer/Director Detail

# FILED Feb 06, 2020 Secretary of State 5940247161CC

Certificate of Status Desired: No

02/06/2020 Date