

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011243

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

**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

**Certificate of Status Desired:** No

**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

04/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name READ, EUNICE  
Address 1631 E. VINE STREET  
C/O ARTEMIS LIFESTYLES, INC SUITE  
300  
City-State-Zip: KISSIMMEE FL 34744

Title PRESIDENT  
Name RAINES, SEAN  
Address 1631 E. VINE STREET  
C/O ARTEMIS LIFESTYLES, INC SUITE  
300  
City-State-Zip: KISSIMMEE FL 34744

Title VP  
Name HARPER, DENNIS  
Address 1631 EAST VINE STREET  
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.*

**SIGNATURE:** SEAN RAINES

PRESIDENT

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date