

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002900

**FILED  
Mar 17, 2020  
Secretary of State  
6386971875CC**

**Entity Name:** ELITE RESORTS AT CITRUS VALLEY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16246 CITRUS PARKWAY  
CLERMONT, FL 34714

**Current Mailing Address:**

16246 CITRUS PARKWAY  
CLERMONT, FL 34714 US

**FEI Number: 26-2480323**

**Certificate of Status Desired: No**

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

EXTREME MANAGEMENT TEAM  
2113 RUBY RED BOULEVARD  
SUITE B  
CLERMONT, FL 34714 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: KATHY HARDT**

**03/17/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SLEETER, FRANK  
Address        2411 CITRUS TREE ROAD  
City-State-Zip: CLERMONT FL 34714

Title            VP  
Name            ORSINI, DAVID  
Address        16300 CHERRY TREE COURT  
City-State-Zip: CLERMONT FL 34714

Title            TREASURER  
Name            WEBER, JOSEPH  
Address        16301 CHERRY TREE COURT  
City-State-Zip: CLERMONT FL 34714

Title            SECRETARY  
Name            IMHOF, PAT  
Address        2423 PALM STREET  
City-State-Zip: CLERMONT FL 34714

Title            DIRECTOR  
Name            JOYCE, SANDRA  
Address        16356 CHERRY TREE COURT  
City-State-Zip: CLERMONT FL 34714

Title            DIRECTOR  
Name            PETERSON, GREGORY  
Address        16618 SUNSHINE AVENUE  
City-State-Zip: CLERMONT FL 34714

Title            DIRECTOR  
Name            ROSE, RICHARD W.  
Address        16743 SUNSHINE AVENUE  
City-State-Zip: CLERMONT FL 34714

*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: FRANK SLEETER**

**PRESIDENT**

**03/17/2020**

Electronic Signature of Signing Officer/Director Detail

Date