

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002900

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****04/27/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name NIEDERMAIER, MARY
Address 16732 SUNSHINE AVE
City-State-Zip: CLERMONT FL 34714

Title VP
Name GREENE, DAWNELL
Address 16409 BAY ST
City-State-Zip: CLERMONT FL 34714

Title TREASURER
Name REARDON, MICHAEL
Address 16650 SUNSHINE AVE
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 ORSINI, DAVID
Address 16300 CHERRY ST
City-State-Zip: CLERMONT FL 34714

Title DIRECTOR
Name AMTOWER, RANDALL W.
Address 16413 BAY ST
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: MARY NIEDERMAIER**PRESIDENT****04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date