## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000244786

Entity Name: CLEAR SPRINGS RECREATION, LLC

**Current Principal Place of Business:** 

6105 SPIRIT LAKE RD. WINTER HAVEN. FL 33880

**Current Mailing Address:** 

P.O. BOX 1070 BARTOW, FL 33831

FEI Number: 82-3703306 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POMEROY, AMY 6105 SPIRIT LAKE RD. WINTER HAVEN, FL 33880 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:

Electronic Signature of Registered Agent

Date

**FILED** Apr 25, 2019

**Secretary of State** 

1975215012CC

## Authorized Person(s) Detail :

Title	MGR, CHAIRMAN	Title	MGR, PRESIDENT
Name	PHELPS, STANFORD N	Name	BOLING, FRED J JR.
Address	2001 W. MAIN ST., STE. 235	Address	6105 SPIRIT LAKE RD.
City-State-Zip:	STAMFORD CT 06902-4547	City-State-Zip:	WINTER HAVEN FL 33880

VΡ Title Title **VP FINANCE** 

Name CARROLL, P PATRICK Name POMEROY, AMY B Address 6105 SPIRIT LAKE RD. Address 6105 SPIRIT LAKE RD. City-State-Zip: WINTER HAVEN FL 33880 City-State-Zip: WINTER HAVEN FL 33880

Title SECRETARY, TREASURER Title

Name ACCURSO, JEAN CONNER, DOUGLAS B Name Address 2001 W MAIN ST 6105 SPIRIT LAKE RD. Address SUITE 235

City-State-Zip: WINTER HAVEN FL 33880 City-State-Zip: STAMFORD CT 06902

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMY B POMEROY Electronic Signature of Signing Authorized Person(s) Detail

**VP FINANCE** 

04/25/2019

Date