2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19570

Entity Name: CLEARVIEW ESTATES OF CITRUS HILLS PROPERTY OWNERS

ASSOCIATION, INC.

FILED Feb 08, 2024 Secretary of State 4928096233CC

Current Principal Place of Business:

C/O ACCESS RESIDENTIAL MANAGEMENT LLC 5322 PRIMROSE LAKE CIRCLE SUITE C TAMPA, FL 33647

Current Mailing Address:

C/O ACCESS RESIDENTIAL MANAGEMENT LLC 6965 S RAINBOW BLVD SUITE 100 LAS VEGAS, NV 89118 US

FEI Number: 59-2788333 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KLEMM, RUSSELL E. ESQ. C/O CLAYTON & MCCULLOH, P.A. 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751 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: RUSSELL E. KLEMM, ESQ. 02/08/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name GORMLEY, TERRY Name NOBLITT, PAUL

Address C/O ACCESS RESIDENTIAL Address C/O ACCESS RESIDENTIAL

MANAGEMENT LLC
5322 PRIMROSE LAKE CIRCLE SUITE

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522 FRIWROSE LARE CIRCLE SOTTE 5522 FRIWROSE LARE CIRC

City-State-Zip: TAMPA FL 33647 City-State-Zip: TAMPA FL 33647

Title TREASURER Title CORRESPONDING SECRETARY

Name STEVENS, BILLIE Name LAMPASONA, STEPHEN J.

Address C/O ACCESS RESIDENTIAL Address C/O ACCESS RESIDENTIAL

MANAGEMENT LLC MANAGEMENT LLC

5322 PRIMROSE LAKE CIRCLE SUITE 5322 PRIMROSE LAKE CIRCLE SUITE

C C

City-State-Zip: TAMPA FL 33647 City-State-Zip: TAMPA FL 33647

Title RECORDING SECRETARY Title DIRECTOR

Name LAMPASONA, JOSEPH Name AUDIO XXXCELENCE OF DATON FL

Address AUDIO XXXCELENCE DIRECTOR Address C/O ACCESS RESIDENTIAL 7466 MATILDA ST MANAGEMENT LLC

2375 SILVER WOLF DR SUITE C

City-State-Zip: LAS VEGAS NV 89118 2375 SILVER WOLF DR SUITE C

City-State-Zip: HENDERSON NV 89011

Title DIRECTOR

Name JONES, JOHN "BUD"

Address C/O ACCESS RESIDENTIAL

MANAGEMENT LLC

5322 PRIMROSE LAKE CIRCLE SUITE

С

City-State-Zip: TAMPA FL 33647

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: GORMLEY TERRY

PRESIDENT

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date