2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19570

Entity Name: CLEARVIEW ESTATES OF CITRUS HILLS PROPERTY OWNERS

ASSOCIATION, INC.

FILED Jan 05, 2022 Secretary of State 5717588283CC

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 5322 PRIMROSE LAKE CIRCLE SUITE C TAMPA FL 33647 US

FEI Number: 59-2788333 Certificate of Status Desired: No

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. 01/05/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

NOBLITT, PAUL Name THOMAS, JAMES Name

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

MANAGEMENT LLC MANAGEMENT LLC 5322 PRIMROSE LAKE CIRCLE SUITE

5322 PRIMROSE LAKE CIRCLE SUITE

TAMPA FL 33647

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

Title **TREASURER** Title CORRESPONDING SECRETARY

Name MENDENHALL, CINDY 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

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

Title RECORDING SECRETARY Title DIRECTOR

Name STEVENS, BILLIE Name GORMLEY, TERRY

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

MANAGEMENT LLC MANAGEMENT LLC

5322 PRIMROSE LAKE CIRCLE SUITE 5322 PRIMROSE LAKE CIRCLE SUITE

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

Title DIRECTOR

Address

JONES, JOHN "BUD" Name

MANAGEMENT LLC

5322 PRIMROSE LAKE CIRCLE SUITE

C/O ACCESS RESIDENTIAL

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 BIDENT 01/05/2022

Electronic Signature of Signing Officer/Director Detail

Date