

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750396

FILED
Jan 09, 2011
Secretary of State

Entity Name: GOLFVIEW HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4300 PLAZA GATE LANE S
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

P O BOX 600099
JACKSONVILLE, FL 322600099

New Mailing Address:

FEI Number: 59-2089338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKEYE ASSOCIATION MANAGEMENT, LLC
4300 S. PLAZA GATE LN
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: ELLIS, NANCY
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

Title: SD
Name: MYERS, MARY JO
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

Title: T
Name: CAMPBELL, SUE
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: COLANGELO, BECKY
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

Title: VPD
Name: TAYLOR, MARIO
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: BASILE, LIZ
Address: P.O. BOX 600099
City-St-Zip: JACKSONVILLE, FL 32260

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: ELTON CONANT

MGR

01/09/2011

Electronic Signature of Signing Officer or Director

Date