

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750396

**FILED**  
**Mar 04, 2021**  
**Secretary of State**  
**4247621389CC**

**Entity Name:** GOLFOVIEW HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4300 PLAZA GATE LANE S  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

8818 GOODBY'S EXECUTIVE DR #100  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-2089338

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANSBACHER LAW  
8818 GOODBY'S EXECUTIVE DR #100  
JACKSONVILLE, FL 32217 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:** RANDALL SINGER

03/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name CAMPBELL, SUSAN  
Address 4300 PLAZA GATE LANE S  
City-State-Zip: JACKSONVILLE FL 32217

Title TREASURER  
Name BOUTHILLIER, BEN  
Address 4300 PLAZA GATE LANE S  
City-State-Zip: JACKSONVILLE FL 32217

Title PRESIDENT  
Name HOWARD, BERNICE  
Address 4300 PLAZA GATE LANE S  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name TURN, GREG  
Address 4300 PLAZA GATE LANE S  
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR  
Name WATSON, SARAH  
Address 4300 PLAZA GATE LANE S  
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR  
Name KORANA, ANDREW  
Address 4300 PLAZA GATE LANE S  
City-State-Zip: JACKSONVILLE FL 32217

*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:** CAMPBELL, SUSAN

SECRETARY

03/04/2021

Electronic Signature of Signing Officer/Director Detail

Date