

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750396

**Entity Name:** GOLFVIEW HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4300 PLAZA GATE LANE S  
JACKSONVILLE, FL 32217**Current Mailing Address:**P O BOX 57098  
JACKSONVILLE, FL 32241 US**FEI Number:** 59-2089338**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUCKEYE ASSOCIATION MANAGEMENT, LLC  
4300 PLAZA GATE LANE S.  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	TD
Name	ELLIS, NANCY
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	WARREN, BEV
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	SD
Name	CAMPBELL, SUE
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	PD
Name	MYERS, MARY JO
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	VPD
Name	TAYLOR, MARIO
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	D
Name	BOUTHILLIER, BEN
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

Title	OTHER, REGISTERED AGENT
Name	GREENE, PRISCILLA
Address	P.O. BOX 57098
City-State-Zip:	JACKSONVILLE FL 32241

*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: PRISCILLA GREENE****MANAGER****01/04/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date