

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750396

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

**Current Principal Place of Business:**

463499 SR 200  
YULEE, FL 32097

**Current Mailing Address:**

PO BOX 1987  
YULEE, FL 32041-1987 US

**FEI Number: 59-2089338**

**Certificate of Status Desired: No**

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

PROPERTY MANAGEMENT SYSTEMS, INC.  
463499 SR 200  
YULEE, FL 32097 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: SCOTT STEFFEN**

**04/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RANDALL, GIA  
Address        PO BOX 1987  
City-State-Zip: YULEE FL 32041-1987

Title            DIRECTOR  
Name            ELLIS, JOSIE  
Address        PO BOX 1987  
City-State-Zip: YULEE FL 32041-1987

Title            DIRECTOR  
Name            FREEMAN, LUCY  
Address        PO BOX 1987  
City-State-Zip: YULEE FL 32041-1987

Title            VP  
Name            FOY, TEENA  
Address        PO BOX 1987  
City-State-Zip: YULEE FL 32041-1987

Title            SECRETARY  
Name            NICHOLE, MANDY  
Address        PO BOX 1987  
City-State-Zip: YULEE FL 32041-1987

Title            TREASURER  
Name            MARTINEZ, CLAUDIA  
Address        PO BOX 1987  
City-State-Zip: YULEE FL 32041-1987

Title            DIRECTOR  
Name            MARRERO, MICHAEL  
Address        PO BOX 1987  
City-State-Zip: YULEE FL 32041-1987

Title            DIRECTOR  
Name            TURN, GREG  
Address        PO BOX 1987  
City-State-Zip: YULEE FL 32041-1987

**Continues on page 2**

*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: GIA RANDALL**

**PRESIDENT**

**04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MANDELBAUM, STANLEY  
Address        PO BOX 1987  
City-State-Zip: YULEE FL 32041-1987