

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750396

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC8911974737**

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

**Current Principal Place of Business:**

4300 PLAZA GATE LANE S  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

P O BOX 600099  
JACKSONVILLE, FL 32260-0099

**FEI Number: 59-2089338**

**Certificate of Status Desired: No**

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

BUCKEYE ASSOCIATION MANAGEMENT, LLC  
4300 S. PLAZA GATE LN  
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           TREASURER  
Name           ELLIS, NANCY  
Address        P.O. BOX 600099  
City-State-Zip: JACKSONVILLE FL 32260

Title           D  
Name           WARREN, BEV  
Address        P.O. BOX 600099  
City-State-Zip: JACKSONVILLE FL 32260

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

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

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

Title           D  
Name           BOUTHILIER, BEN  
Address        P.O. BOX 600099  
City-State-Zip: JACKSONVILLE FL 32260

Title           OTHER, REGISTERED AGENT  
Name           CONANT, ELTON  
Address        P.O. BOX 600099  
City-State-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**

**REGISTERED AGENT**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date