

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750396

FILED
Feb 03, 2013
Secretary of State
CC7570690122

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

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

Title D
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

02/03/2013

Electronic Signature of Signing Officer/Director Detail

Date