2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 750396

Entity Name: GOLFVIEW HOMEOWNER'S ASSOCIATION, INC.

FILED
May 31, 2024
Secretary of State
5116320416CC

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 05/31/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title VP

Name CAMPBELL, SUSAN Name FOY, TEENA
Address PO BOX 1987 Address PO BOX 1987

City-State-Zip: YULEE FL 32041-1987 City-State-Zip: YULEE FL 32041-1987

Title SECRETARY Title TREASURER

Name BRUNSON, LAURA JO Name MARTINEZ, CLAUDIA

Address PO BOX 1987 Address PO BOX 1987

City-State-Zip: YULEE FL 32041-1987 City-State-Zip: YULEE FL 32041-1987

Title DIRECTOR Title DIRECTOR

Name STAMPS, JAMES Name COLANGELO, BECKY

Address PO BOX 1987 Address PO BOX 1987

City-State-Zip: YULEE FL 32041-1987 City-State-Zip: YULEE FL 32041-1987

Title DIRECTOR Title DIRECTOR

Name MUNNELL, KARIN Name KORONA, ANDREW

Address PO BOX 1987 Address PO BOX 1987

City-State-Zip: YULEE FL 32041-1987 City-State-Zip: YULEE FL 32041-1987

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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: TEENA FOY VICE PRESIDENT 05/31/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name GRAVATT, NICOLE

Address PO BOX 1987

City-State-Zip: YULEE FL 32041-1987