

**2024 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**

**04/01/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CAMPBELL, SUSAN  
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            BRUNSON, LAURA JO  
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            STAMPS, JAMES  
Address        PO BOX 1987  
City-State-Zip: YULEE FL 32041-1987

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

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

Title            DIRECTOR  
Name            KORONA, ANDREW  
Address        PO BOX 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: SUSAN CAMPBELL**

**PRESIDENT**

**04/01/2024**

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