

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03796

**Entity Name:** GOLF VIEW VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CALIBER CONDO MGT INC.  
32708 US #19 NORTH  
PALM HARBOR, FL 34684

**Current Mailing Address:**

C/O CALIBER CONDO MGT INC.  
32708 US #19 NORTH.  
PALM HARBOR, FL 34684 US

**FEI Number:** 59-2469251

**Certificate of Status Desired:** No

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

JONES, SHIRLEY H  
C/O CALIBER CONDO MGT. INC.  
32708 US #19 NORTH  
PALM HARBOR, FL 34684 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 TD  
Name O'CONNOR, JOYCE  
Address 1072 SEVILLE DR.  
City-State-Zip: PALM HARBOR FL 34684

Title VPD  
Name GORZYCKI, DOROTHY  
Address 994 MADRID DRIVE  
City-State-Zip: PALM HARBOR FL 34684

Title D  
Name PRATHER, RICHARD  
Address 1122 TARTAN DRIVE  
City-State-Zip: PALM HARBOR FL 34684

Title PD  
Name ADAMS, CAROLYN  
Address 1090 SEVILLE DRIVE  
City-State-Zip: PALM HARBOR FL  
  
Title SD  
Name CAMPBELL, JEAN  
Address 949 MADRID DRIVE  
City-State-Zip: PALM HARBOR FL 34684

*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:** CAROLYN ADAMS

**PRESIDENT**

**03/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date