

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07415

Entity Name: GOLF VIEW HOME OWNERS INCORPORATED**Current Principal Place of Business:**901 N.W. 31ST AVE
POMPANO BEACH, FL 33069**Current Mailing Address:**C/O MAXINE GROVER
3529 EAGLE.
POMPANO BEACH, FL 33069 US**FEI Number:** 59-6508460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GROVER, MAXINE
C/O MAXINE GROVER
3529 EAGLE
POMPANO BEACH, FL 33069 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:** MAXINE GROVER

02/09/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name GROVER, MAXINE
Address 3529 EAGLE
City-State-Zip: POMPANO BEACH FL 33069

Title 1ST VP
Name PICARD, MARIO
Address 3351 FAIRWAY
City-State-Zip: POMPANO BEACH FL 33069

Title PRESIDENT
Name CHRISTIANSEN, RANDY
Address 3575 TEE TERRACE
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name BISSON, REMI
Address 802 GOLFVIEW BLVD
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY
Name BEAN, RONALD
Address 531 FAIRWAY DR
City-State-Zip: POMPANO BEACH FL 33069

Title MEMBER AT LARGE
Name PALM, CINDY
Address 767 WEDGE LANE
City-State-Zip: POMPANO BEACH FL 33069

Title MEMBER AT LARGE
Name LUSSIER, JAQUES
Address 829 PUTTER PLACE
City-State-Zip: POMPANO BEACH FL 33069

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: MAXINE GROVER

TREASURER

02/09/2025

Electronic Signature of Signing Officer/Director Detail

Date