

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750396

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** GOLFVIEW HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4300 PLAZA GATE LANE S  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 600099  
JACKSONVILLE, FL 322600099

**New Mailing Address:**

**FEI Number:** 59-2089338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCKEYE ASSOCIATION MANAGEMENT, LLC  
4300 S. PLAZA GATE LN  
JACKSONVILLE, FL 32217 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ELLIS, NANCY  
Address: P.O. BOX 600099  
City-St-Zip: JACKSONVILLE, FL 32260

Title: D  
Name: WARREN, BEV  
Address: P.O. BOX 600099  
City-St-Zip: JACKSONVILLE, FL 32260

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

Title: VPD  
Name: CORDERO, MIKE  
Address: P.O. BOX 600099  
City-St-Zip: JACKSONVILLE, FL 32260

Title: D  
Name: TAYLOR, MARIO  
Address: P.O. BOX 600099  
City-St-Zip: JACKSONVILLE, FL 32260

Title: D  
Name: BOUTHILIER, BEN  
Address: P.O. BOX 600099  
City-St-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

CAM

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date