

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757310

**Entity Name:** GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2727 GOLF LAKE CIRCLE  
MELBOURNE, FL 32935

**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC6686044849**

**Current Mailing Address:**

1505 N. HWY A1A  
#501  
INDIALANTIC, FL 32903 US

**FEI Number: 59-2078213**

**Certificate of Status Desired: No**

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

NICOLETTE, ROBERT MGR  
1505 N. HWY A1A  
#501  
INDIALANTIC, FL 32903 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:** ROBERT NICOLETTE

03/23/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DVP  
Name SELWYN, SOL  
Address 2720 GOLF LAKE DR., #113  
City-State-Zip: MELBOURNE FL 32935

Title DP  
Name CUSHWAY, DOROTHY  
Address 3173 BEACH WINDS CT.  
City-State-Zip: MELBOURNE BEACH FL 32951

Title MANAGER  
Name NICOLETTE, ROBERT MGR  
Address 1505 N. HWY A1A  
#501  
City-State-Zip: INDIALANTIC FL 32903

Title DIRECTOR  
Name RAMOS, MARISSA  
Address 2696 GOLF LAKE CR  
UNIT 323 #323  
City-State-Zip: MELBOURNE FL 32935

*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:** ROBERT NICOLETTE

MGR

03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date