2008 NOT-FOR-PROFIT CORPORATION

Apr 18, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N05000000378 04-18-2008 90034 021 ****61.25 1. Entity Name THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT XIX CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 125 PLANTATION DRIVE PO BOX 3767 COCOA, FL 32924 TITUSVILLE, FL 32780 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-4650989 City & State City & State Applied For Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRSCHENBAUM, MALCOLM R Street Address (P.O. Box Number is Not Acceptable) 516 DELANNOY AVENUE COCOA, FL 32922 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State ---Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP. Delete TITLE ☐ Change Addition TITLE Malcolni R. Kirschenbaum 516 Delannoy Avenue MCDANIEL, LARRY NAME NAME 125 PLANTATION DRIVE STREET ADDRESS STREET ADDRESS TITUSVILLE, FL 32780 CITY-ST-ZIP COCOA FL 38922 CITY-ST-7IP Delete Addition TITLE ☐ Change TITLE NK C. O'DIERNA Harmony Lane QUINTUS, DON NAME NAME 516 DELANNOY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition VINCENT, LYNDAL NAME NAME STREET ADDRESS **516 DELANNOY AVE** STREET ADDRESS COCOA, FL 32922 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report examplemental report is true and accurate and that my 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 in Block 10 or Block 11 t with an address, with all other like empo

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

R.Kirschenbaum