

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33770** (1)

1. Corporation Name
THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT II C ONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **C/O JAMES W. PEEPLES III, 505 NORTH ORLANDO AVENUE, P.O. BOX 320757, COCOA BEACH FL 32931**
Mailing Address: **C/O JAMES W. PEEPLES III, 505 NORTH ORLANDO AVENUE, P.O. BOX 320757, COCOA BEACH FL 32931**

3. Date Incorporated or Qualified: **08/17/1989**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business: **21 135 PLANTATION DRIVE**
2a. Mailing Address: **26 135 PLANTATION DRIVE**

4. FEI Number: **59-2964959**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 TITUSVILLE, FL 32780**
City & State: **27 TITUSVILLE, FL 32780**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **PEEPLES, JAMES W. III, 505 NORTH ORLANDO AVENUE, COCOA BEACH FL 32932**
10. Name and Address of New Registered Agent:
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when applicable) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	KEMPTON, ROBERT <input checked="" type="checkbox"/> DELETE	1 1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: ROBERT	135 PLANTATION DR.	1 2 NAME: WILL GRITTER	
STREET ADDRESS: 135 PLANTATION DR.	TITUSVILLE FL	1 3 STREET ADDRESS: 135 PLANTATION DRIVE	
CITY-ST-ZIP: TITUSVILLE FL		1 4 CITY-ST-ZIP: TITUSVILLE FL 32780	
TITLE: D	HEDGE, WILLIAM <input checked="" type="checkbox"/> DELETE	2 1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: WILLIAM	135 PLANTATION DR.	2 2 NAME: FRANK HAY	
STREET ADDRESS: 135 PLANTATION DR.	TITUSVILLE FL	2 3 STREET ADDRESS: 135 PLANTATION DRIVE	
CITY-ST-ZIP: TITUSVILLE FL		2 4 CITY-ST-ZIP: TITUSVILLE FL 32780	
TITLE: D	WEIDNER, NANCY <input type="checkbox"/> DELETE	3 1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: NANCY	135 PLANTATION DR	3 2 NAME: _____	
STREET ADDRESS: 135 PLANTATION DR	TITUSVILLE FL	3 3 STREET ADDRESS: _____	
CITY-ST-ZIP: TITUSVILLE FL		3 4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4 1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		4 2 NAME: _____	
STREET ADDRESS: _____		4 3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		4 4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5 1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		5 2 NAME: _____	
STREET ADDRESS: _____		5 3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		5 4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6 1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		6 2 NAME: _____	
STREET ADDRESS: _____		6 3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		6 4 CITY-ST-ZIP: _____	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *W. J. Gritter* **W. J. GRITTER**
Date: **3-28-96** District Phone #: **407-269-5004**

CR2E037 (12/95)