

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	Mailing Address
C/O JAMES W. PEEPLES III 505 NORTH ORLANDO AVENUE. P.O. BOX 320757 COCOA BEACH FL 32931	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
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2. Principal Place of Business	2a. Mailing Address
21 135 PLANTATION DRIVE	26 135 PLANTATION DRIVE
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State TITUSVILLE, FL 32780	28 City & State TITUSVILLE, FL 32780
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 59-2964959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEEPLES, JAMES W. III 505 NORTH ORLANDO AVENUE COCOA BEACH FL 32932				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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1 1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEMPTON, ROBERT			1 2 NAME	WILL GRITTER		
STREET ADDRESS	135 PLANTATION DR.			1 3 STREET ADDRESS	135 PLANTATION DRIVE		
CITY-ST-ZIP	TITUSVILLE FL			1 4 CITY-ST-ZIP	TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		2 1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEDGE, WILLIAM			2 2 NAME	FRANK HAY		
STREET ADDRESS	135 PLANTATION DR.			2 3 STREET ADDRESS	135 PLANTATION DRIVE		
CITY-ST-ZIP	TITUSVILLE FL			2 4 CITY-ST-ZIP	TITUSVILLE FL 32780		
TITLE	D	<input type="checkbox"/> DELETE		3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIDNER, NANCY			3 2 NAME			
STREET ADDRESS	135 PLANTATION DR			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* **3-28-96** **407-269-5004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Display Phone #

CR2E037 (12/95)