

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

0011317

**DOCUMENT # N33770**  
 1. Entity Name  
**THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT II C  
 ONDOMINIUM ASSOCIATION, INC.**

05-28-2002 91521 017 \*\*\*\*61.25

Principal Place of Business	Mailing Address
145 PLANTATION DR TITUSVILLE FL 32780 US	145 PLANTATION DR TITUSVILLE FL 32780 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number **59-2964959**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EVANS, JOHN H**  
**1702 S WASHINGTON AVE**  
**TITUSVILLE FL 32780**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, WILLIE	
STREET ADDRESS	145 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MC DONALD, KEITH	
STREET ADDRESS	145 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	BIBBO, RALPH	
STREET ADDRESS	145 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Parkin	
STREET ADDRESS	145 Plantation Dr.	
CITY-ST-ZIP	Titusville FL 32780	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Piccone	
STREET ADDRESS	145 Plantation Dr.	
CITY-ST-ZIP	Titusville FL 32780	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marlene Zawadzky	
STREET ADDRESS	145 Plantation Dr.	
CITY-ST-ZIP	Titusville FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne E. Parkin* **WAYNE E. PARKIN** *4-12-02*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)