## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # N33770  1. Entity Name THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT II CONDOMINIUM ASSOCIATION, INC.								03-20-2006 90015 038 ****61.25				
Principal Place 145 PLANTA TITUSVILLE, F	TION DR	s US	145	Mailing Address 145 PLANTATION DR TITUSVILLE, FL 32780 US				PAATAATA				
2. Principal Pl	lace of Busin	ness	3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03162006	Chg-NP	CR2E0	37 (11/05)	
City & State			Cit	City & State				4. FEI Numbe 59-2964		· -	_ <del>                                    </del>	pplied For at Applicable
Zip Country			Zip	Zip C			5. Certificate of Status Desired					
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name and	Address of No	w Registered	Agent	••
WILCOX, F							LYNN JACOBS et Address (P.O. Box Number is Not Acceptable)					
TITUSVILL							100-0	PLANTATIO	N DRIVE			
					•	City		SVILLE		FL	Zip Code 32780	
	named entitions of regis	y submits this statement for	or the purp	ose of changing its r	egistere	d office or			n, in the State	of Florida. I am	familiar with,	and accept
SIGNATURE .	H	man (lac	Jo		LY	'NN JAC	OBS			3/16	100	
	Signature typed	for printed name of registered agen	t and title if app	icable. (NOTE:	Registered	d Agent signatu	re required	when reinstating)		DATE		
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	_	e is \$61.25 Nay 1, 2006		9. Election Cam Trust Fund Co				\$5.00 May Bo Added to Fees	•	Make chec Florida Depar		
10.	Due by N		IRECTORS	Trust Fund Co	11.	on.		\$5.00 May Bo Added to Fees ADDITIONS/CHA		Florida Depar	tment of SI	tate
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10.	DTVP PICCONE	May 1, 2006	IRECTORS	Trust Fund Co	11. TITLE	on.	DP ANTH		ANGES TO OF	Florida Depar	tment of SI	tate
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DTVP PICCONE 145 PLAN TITUSVIL	OFFICERS AND DI E, RONALD NTATION DR LLE, FL 32780	IRECTORS	Trust Fund Co	11. TITLE NAME STREE	et address	DP ANTH 145 P TITUS	ADDITIONS/CHA HONY, WAYN PLANTATION SVILLE FL 32	E DRIVE	Florida Depar	tment of SI	tate
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of the corporation or the receiver or trustee empowered to execute and that my signature shall have the same legal effect as it 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: