

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N40306** (5)

1. Corporation Name

THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O JAMES W PEEPLES III
P O BOX 320757
COCOA BEACH FL 32932-0757

C/O JAMES W PEEPLES III
P O BOX 320757
COCOA BEACH FL 32932-0757

3. Date Incorporated or Qualified
10/09/1990

3a. Date of Last Report
04/24/1995

2. Principal Place of Business
21 **135 PLANTATION DRIVE**

2a. Mailing Address
26 **135 PLANTATION DRIVE**

4. FEI Number
59-3043105

Applied For
Not Applicable

Suite, Apt. #, etc.

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

23 City & State
TITUSVILLE, FL 32780

28 City & State
TITUSVILLE, FL 32780

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

24 Zip Country
25

29 Zip 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

10. Name and Address of New Registered Agent

**PEEPLES, JAMES W. III
505 NORTH ORLANDO AVENUE
PO BOX 320757
COCOA BEACH FL 32932-0757**

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

(Signature, typed or printed name of registered agent or director if applicable)

(NOTE: Registered Agent cannot be married when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	HOGAN, PAT	135 PLANTATION DR.	TITUSVILLE FL	<input checked="" type="checkbox"/>
PD	WHITE, RALPH	135 PLANTATION DR.	TITUSVILLE FL	<input type="checkbox"/>
D	CROCKER, TERRY	135 PLANTATION DR.	TITUSVILLE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
DP	WILLIAM SMITH	135 PLANTATION DRIVE	TITUSVILLE FL 32780	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DST	WHITE, RALPH	135 PLANTATION DRIVE	TITUSVILLE FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	JOAN CONNELL	135 PLANTATION DRIVE	TITUSVILLE FL 32780	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

R. C. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. C. WHITE

3-22-96

Date

407-269-5004

Daytime Phone #

CR2E037 (12/95)