

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 OCT -6 AM 11:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N40306 (5)

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



Principal Place of Business 135 PLANTATION DR TITUSVILLE FL 32780 US	Mailing Address 135 PLANTATION DR TITUSVILLE FL 32780 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 10/09/1990	3a. Date of Last Report 04/02/1996
4. FEI Number 59-3043105	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Robert L. Beals**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1800 W. Hibiscus Blvd. Ste 138**

84 City **Melbourne** 85 Zip Code **FL 32902**

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]* DATE **9/2/97**

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

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sally Bauer	
1.3 STREET ADDRESS	135 Plantation Dr	
1.4 CITY - ST - ZIP	Titusville FL 32780	
2.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Meyer, Wayne	
2.3 STREET ADDRESS	135 Plantation Dr.	
2.4 CITY - ST - ZIP	Titusville FL 32780	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	700002301497	
6.3 STREET ADDRESS	-09/23/97--01099--001	
6.4 CITY - ST - ZIP	***428.75	

14. I do 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 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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **9-8-97**

CR2E037 (4/97)