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04-26-1999 90126 014 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N40306

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



2. Principal Place of Business

21 145 PLANTATION DRIVE

Suite, Apt. #, etc.

22 City & State

23 TITUSVILLE, FL

24 32780 25 BREVARD

2a. Mailing Address

26 145 PLANTATION DRIVE

Suite, Apt. #, etc.

27 City & State

28 TITUSVILLE, FL

29 32780 30 BREVARD

3. Date Incorporated or Qualified

10/09/1990

4. FEI Number

59-3043105

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BEALS, ROBERT L
 1800 W. HIBISCUS BLVD.
 SUITE 138
 MELBOURNE FL 32902

10. Name and Address of New Registered Agent

81 Name: JOHN H. EVANS
 82 Street Address (P.O. Box Number is Not Acceptable): 1702 S. WASHINGTON AVE.
 83
 84 City: TITUSVILLE FL 85 Zip Code: 32780

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]*
 Signature typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 4/16/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ROBERT	
STREET ADDRESS	135 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAUER, SALLY	
STREET ADDRESS	135 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CONNELL, JOAN	
STREET ADDRESS	135 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MEYER, WAYNE	
STREET ADDRESS	135 PLANTATION DR.	
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		

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	COBURN, NORM	
1.3 STREET ADDRESS	145 PLANTATION DRIVE	
1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONNELL, JOAN	
2.3 STREET ADDRESS	145 PLANTATION DRIVE	
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Connell
 Date

4-20-99
 Daytime Phone #

CR2E037 (11/98)