NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

145 PLANTAFION DRIVE

DOCUMENT # N40306

145 PLANTATION DRIVE

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

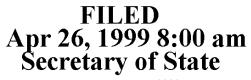
2. Principal Place of Business

Mailing Address

135 PLANTATION DR TITUSVILLE FL 32780

2a. Mailing Address

US



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



3. Date Incorporated or Qualifed

10/09/1990

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	 	oled For		
22		27		59-3043105		Applicable		
City & State		City & State 28 TITUSVILLE	PT.	5. Certifcate of Status Desired	\$8.75 A Fee Red			
Zip	USVILLE, FL Country	Zip	Country	6. Election Campaign Financing	\$5.00	Vay Be		
<u>مَ</u>	25 RESMARK	29 22700 3	o BREVARD	Trust Fund Contribution	Added to	Fees		
24 32780 25 BREVARD 29 32780 30				10. Name and Address of New Registere	d Agent			
			81 Name	the state of the s				
BEALS, RÌ	ADEDT I		82 Street	Address (P.O. Box Number is Not Acceptable)				
	HIBISCUS BLVD		62 Street	1702 S. WASHINGTON AVE.				
			83					
SUITE 138					- 			
WETROOH	NE FL 32902		84 City	фтицаўны в В	85 Zip C	cde		
44 Developed & Carting 647 0502 and 647 1508 Elorida Statutes, the above named corporation submits this statement for the purpose of changing its registered								
office or registered agent, or both, is 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.								
SIGNATUR = Street or granted party to of registered agent, and title if explicable. (NOTE: Registered Agent signature required when reinstating)								
40	Signature wood or printed nar ie of registered agent		egistered Agent signature re	ADDITIC NS/CHANGES TO OFFICERS	IND DIRECTO	RS IN 12		
12.		D DIRECTORS ☑ DELETE	1.1 TITLE	D	Change	X Addition		
TITLE	D V	Z DEEL'E	1.2 NAME	COBURN, NORM	_ •			
NAME	BROWN, ROBERT			145 PLANTATION DRIVE		}		
STREET ADDRESS	135 PLANTATION DR		1.3 STREET ADDRESS					
CITY-ST-ZIP	TITUSVILLE FL 32780	EZI OCUETE	1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780		Addition		
TITLE	D	∑ DELETE	2.1 TITLÉ	DP	<u>M</u> onsinge			
NAME	BAUER, SALLY		2.2 NAME	CONNELL, JOAN		1		
STREET ADDRESS	135 PLANTATION DR.		2.3 STREET ADDRESS	145 PLANTATION DRIVE				
CITY-ST-ZIP	TITUSVILLE FL 32780		2. 4 CITY-ST-ZIP	TITUSVILLE, FL 32780	Change	Addition		
TITLE	DV	₹ DELETE	3.1 TITLE		Change	C) Addition		
NAME	CONNELL, JOAN		3.2 NAME					
STREET ADDRESS	135 PLANTATION OR.		3 3 STREET ADDRESS					
CITY-ST-ZIP	TITUSVILLE FL		3.4. CITY-ST-ZIP		Change	Addition		
TITLE	DST	☐ DEŁETE	4.1 TITLE		Change	Addition		
NAME	MEYER, WAYNÉ		4. 2 NAME					
STREET ADDRESS	135 PLANTATION DR.		4.3 STREET ADDRESS					
CITY-ST-ZIP	TITUSVILLE FL 32780		4.4 CITY-ST-ZIP			- Addition		
TITLE		☐ DELETE	5.1 TITLE		Change	Addition (
NAME			5.2 NAME					
STREET ADDRE'SS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP			CT Addisin-		
TITLE		☐ DELETE	6.1 TITLE		Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY, ST. 7ID			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 recuired 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Connell

4-20-99

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