

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90014 041 ****61.25

DOCUMENT # N40306
 1. Entity Name
THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 145 PLANTATION DR.
 TITUSVILLE, FL 32780 US

Mailing Address
 145 PLANTATION DR.
 TITUSVILLE, FL 32780 US

94046110



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02192004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3043105

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
EVENS, JOHN H
1702 S.WASHINGTON AVE
SUITE 138
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent
 Name **Robert m. wilcox**
 Street Address (P.O. Box Number is Not Acceptable)
100-D Plantation Drive
 City **Titusville** **FL** Zip Code **32780**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert m. wilcox** DATE **4-2-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME	D COBURN, JOAN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	145 PLANTATION DR.		STREET ADDRESS				
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP				
TITLE NAME	DP HEIDE, AL	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	145 PLANTATION DR.		STREET ADDRESS				
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP				
TITLE NAME	ST CASTEEL, ANN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	145 PLANTATION DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP				
TITLE NAME	DVP BROWN, ROBERT	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	145 PLANTATION DR.		STREET ADDRESS				
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **AL HEIDE** DATE **4-2-04** DAYTIME PHONE # **321-268-9767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR