


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90008 046 \*\*\*\*61.25

<b>DOCUMENT # N40306</b>					
1. Entity Name <b>THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT III CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 145 PLANTATION DR. TITUSVILLE, FL 32780 US			Mailing Address 145 PLANTATION DR. TITUSVILLE, FL 32780 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3043105</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILCOX, ROBERT M -- 100-D PLANTATION DR. TITUSVILLE, FL 32780			Name MATHEW CHESNUT		
			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 <i>Mathew Chesnut</i>		MATHEW CHESNUT		DATE <i>2/27/06</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COBURN, JOAN		NAME	KIGHT, IRA	
STREET ADDRESS	145 PLANTATION DR.		STREET ADDRESS	145 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDE, AL		NAME	HEIDE, ALFRED	
STREET ADDRESS	145 PLANTATION DR.		STREET ADDRESS	145 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTEEL, ANN		NAME	EDWARD KAMPTNER	
STREET ADDRESS	145 PLANTATION DRIVE		STREET ADDRESS	145 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT		NAME	BROWN, ROBERT	
STREET ADDRESS	145 PLANTATION DR.		STREET ADDRESS	145 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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 exemptions contained in Chapter 119, 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: <i>Robert Brown</i>		Robert Brown		DATE <i>2/24/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		V.P.		Daytime Phone # <i>321-268-9767</i>	