

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90010 023 ****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

40046554



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02212008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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
CHESNUT, MATHEW
 100-D PLANTATION DR.
 TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent
 Name
LAMB, HIRAM KEITH
 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 *Hiram Keith Lamb* Hiram Keith Lamb 3/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIGHT, IRA	
STREET ADDRESS	145 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KAMPTNER, EDWARD	
STREET ADDRESS	145 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT	
STREET ADDRESS	145 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, DARWIN	
STREET ADDRESS	145 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 a address, with all other like empowered.

SIGNATURE: *Robert J. Brown* Pres Robert J. Brown 3/4/08 321-268-9767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #