
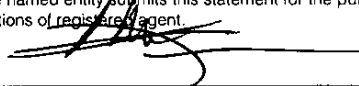
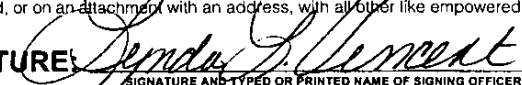


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90030 019 ****61.25

DOCUMENT # N05000000378					
1. Entity Name THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT XIX CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 125 PLANTATION DRIVE TITUSVILLE, FL 32780			Mailing Address 125 PLANTATION DRIVE TITUSVILLE, FL 32780		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 3767			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		COCOA FL		4. FEI Number 20-4650989	
Zip		32924		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HANSEL, LYNN 125 PLANTATION DRIVE TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name: MALCOLM R. KIRSCHENBAUM Street Address (P.O. Box Number is Not Acceptable): 516 DELANNOY AVENUE City: COCOA FL 32922		
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:  MALCOLM R. KIRSCHENBAUM 1/26/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP	DP MCDANIEL, LARRY 125 PLANTATION DRIVE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HANSEL, LYNN R. 125 PLANTATION DRIVE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DON QUINTUS 516 DELANNOY AVE COCOA FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VINCENT, LYNDAL 516 DELANNOY AVE COCOA, FL 32922	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Linda S. Vincent Director				1/26/2007 321 632-4713 <small>Date Daytime Phone #</small>	