

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jan 29 1997 8:00am  
Secretary of State

DOCUMENT # **K43284** (4)  
1. Corporation Name  
**THE GREAT OUTDOORS GOLF & COUNTRY CLUB, INC.**



Principal Place of Business Mailing Address  
**135 PLANTATION DRIVE** **135 PLANTATION DRIVE**  
**TITUSVILLE FL 32780** **TITUSVILLE FL 32780-2526**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**11/03/1988** **04/11/1996**  
4. FEI Number Applied For  
**59-2915082** Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PEEPLS, JAMES W., III**  
**505 N. ORLANDO AVE**  
**COCOA BEACH FL 32932-0757**

10. Name and Address of New Registered Agent

81 Name **BEALS ROBERT L**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**505 N. ORLANDO AVE**  
83  
84 City **COCOA BEACH** FL 85 Zip Code **32932-0757**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/97**

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME **D SWANN, JIM**  
STREET ADDRESS **402 HIGH POINT DRIVE**  
CITY - ST - ZIP **COCOA FL**  
TITLE ☐ DELETE  
NAME **PST SWANN, JIM**  
STREET ADDRESS **402 HIGH POINT DRIVE**  
CITY - ST - ZIP **COCOA FL**  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Swann, Dir: 4/9/97**

Date

Daytime Phone #

**(407) 269-5004**

CR2E034 (9/96)