

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002629	
1. Entity Name THE GREAT OUTDOORS COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 125 PLANTATION DR. TITUSVILLE, FL 32780	Mailing Address PO BOX 3767 COCOA, FL 32924-3767



03312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3643920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDANIEL, LARRY 125 PLANTATION DR. TITUSVILLE, FL 32780	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCDANIEL, LARRY 125 PLANTATION DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILCOX, ROBERT M 100 D. PLANTATION DR. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, BOB 925 GRANDE HAVEN DR. TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000305831
04/14/05-80101-019 \$1.25

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: *Larry McDaniel* **Larry McDaniel** **4/1/05** **321-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #