## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N0000002620

Entity Name
 THE GREAT OUTDOORS COMMERCE CENTER
 CONDOMINIUM ASSOCIATION, INC.



**FILED** 

Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90352 014 \*\*\*\*61.25

COMBONINION ASSOCIATION, INC.					183	135					
125 PLANTATION DR.			Mailing Address PO BOX 3767 COCOA, FL 32924-3767				40049963				
Principal Place of Business											
								5114 48111 881)1 <b>8.6</b> 111 <b>9.8</b>		II NIU NIUD IEREI AR	
Suite, Apt	. #, etc.	S	Suite, Apt. #, etc.				04072006	Chg-NP	CR2E0	37 (11/05)	
City & State		C	City & State				4. FEI Number 59-3643	920			oplied For of Applicable
Zip Country		Z	Zip Cou				5. Certificate of	Status Desired		\$8.75 Add	ditional
	6. Name and Address of	Current Register	red Agent	·			7. Name and A	ddress of New f	Registered	Fee Require	- G
	L, LARRY TATION DR. LE, FL 32780			-	Name Street A	ddress (f	P.O. Box Number				
				}	City		<del></del> -		FL	Zip Cod	e
8. The above	named entity submits this sta	tement for the pur	pose of changing its	registere	d office or	register	ed agent, or both.	in the State of FI			and accept
SIGNATURE	Signature, typed or printed name of reginerations. Filling Fee is \$61.25	stered agent and fite if ap	pplicable. (NOTI	mpaign Fi	nancing		when reinstating)	I		k payable t	
10.	Due by May 1, 2006	AND DIRECTOR			on,	<u>.</u>	Added to Fees	_L	•	rtment of S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCDANIEL, LARRY 125 PLANTATION DR TITUSVILLE, FL 32780	S AND DIRECTORS	Delete			PD McDi	ANIEL, LA Plantatio 15VIIIE FI	irry n Dr		IRECTORS IN Change	∏ Addition
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indicated on this report or supplied with this filing does not indicated on this report or supplemental report is true and accurate a of the corporation or the receiver or truetee empowered to execute the changed, or on an attachment with an address, with all other like empower. qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is jeport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06

321-269-5004