


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90008 002 \*\*\*\*61.25

<b>DOCUMENT # N02000007105</b> 1. Entity Name <b>THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT XVII CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>125 PLANTATION DR. TITUSVILLE, FL 32780</b>			Mailing Address <b>125 PLANTATION DR. TITUSVILLE, FL 32780</b>		
2. Principal Place of Business <b>145 PLANTATION DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>145 PLANTATION DRIVE</b> Suite, Apt. #, etc.			
City & State <b>TITUSVILLE FL</b> Zip <b>32780</b> Country <b>USA</b>		City & State <b>TITUSVILLE FL</b> Zip <b>32780</b> Country <b>USA</b>		4. FEI Number <b>80-0041776</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HEALY, PATRICK F 1800 W. HIBISCUS BLVD., STE. 138 MELBOURNE, FL 32902-1870</b>			7. Name and Address of New Registered Agent Name <b>MATHEW CHESNUT</b> Street Address (P.O. Box Number is Not Acceptable)  <b>100-D PLANTATION DRIVE</b> City <b>TITUSVILLE</b> <b>FL</b> Zip Code <b>32780</b>		
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 <u><i>MatheW Chesnut</i></u> <b>MATHEW CHESNUT</b> <u>2/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDANIEL, LARRY 125 PLANTATION DR. TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KACZYNSKI, LEONARD 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HANSEL, LYNN R 125 PLANTATION DR. TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUDLEY, JAMES 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT, LYNDAL 516 DELANNOY AVE COCOA, FL 32922	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MADAN, WILLIAM 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" 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: <u><i>Leonard Kaczynski</i></u> <b>Leonard Kaczynski</b> <u>2-27-06</u> <u>321-268-9767</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					