2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 26, 2007 8:00 am Secretary of State

02-26-2007 90080 024 ****61.25

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THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT



	ADOMINION ASSOCIATION	JI4, 114C.				III.					
Principal Place of Business 145 PLANTATION DR TITUSVILLE, FL 32780		145	ng Address PLANTATION DR SVILLE, FL 32780)		400	24951				
2. Principal Place of Business - No P.O. Box #		3. Ma	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			02062007	Chg-NP	CR2E0	37 (12/06)		
City & State		Ci	City & State			4. FEI Numbe 80-0041		·- <u></u>	<u> </u>	oplied For	
Zip	Country	Zi	Zip Cou		intry		of Status Desired		\$8.75 Ad		
	6. Name and Address of Curre	nt Registers	ad Agent			7 Name and	Address of New	Registered	Fee Require	ю	
			ou regain		Name	7. 144110 4114	-WU1635 OF 140K	- Leading Co. act	- Agent		
CHESTNUT, MATHEW				Street Address			(P.O. Box Number is Not Acceptable)				
100-D PLANTATION DR TITUSVILLE, FL 32780			Silest Addies			> (r. U. DON NUMBER IS NOT MCCAPIBILITY)					
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	named entity submits this statement ions of registered agent.	t for the purp	oose of changing its	registere	ed office or re	egistered agent, or both	h, in the State of	Florida, I am	familiar with,	and accept	
ti io oongat	ions or registered agent.										
SIGNATURE .											
	Signature, typed or printed name of registered ag	ent and title it app	plicable. (NOTE	: Registered	d Agent signature	required when reinstating)		DATE			
· ······ 3 · · · · · · · · · · · · · · · · · · ·			9. Election Carr	ampaign Financing I Contribution.		\$5.00 May B		Make chec	k payable t	•	
	Due by May 1, 2007	Ì	Trust Fund C	Contributi	ion.	Added to Fees	FI	orida Depa	rtment of S	tate	
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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: NOTICE NOTICE OF SIGNATURE AND TYPESTON PROHITED NAME OF SIGNATURE OF SI

Dete

321-268-9767 Daytime Phone #