FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 12 PM 12:12

DOCUMENT # N33768 (5)

1. Corporation Name

THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT COMM UNITY SERVICES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JAMES W. PEEPLES, III 505 NORTH ORLANDO AVENUE, P.O. BOX 320757 COCOA BEACH FL 32931	C/O JAMES W. PEEPLES, III 505 NORTH ORLANDO AVENUE, P.O. BOX 320757 COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1989
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2964957 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEEPLES, JAMES W. III 505 NORTH ORLANDO AVENUE COCOA BEACH FL 32932	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL — 85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☑ Change ☐ Addition
NAME	BUDZIL, PAT	12 NAME		
STREET ADDRESS	4505 W CHENEY HWY	13 STREET ADDRESS	135 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL	14 CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	DT	21 TITLE		☑ Change ☐ Addition
NAME	WEINSTEIN, BARRY	22 NAME		
STREET ADDRESS	4505 WEST HIGHWAY 50	23 STREET ADDRESS	135 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL	24 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	DP	31 TITLE		☑ Change ☐ Addition
NAME	MCDANIEL, LARRY	32 NAME		
STREET ADDRESS	4505 W CHENEY HWY	33 STREET ADDRESS	135 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL	34 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	D	41 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	MCCORMICK, KATHY	42 NAME	SALLY BAUER	
STREET ADDRESS	4505 W CHENEY HWY	43 STREET ADDRESS	135 PLANTATION DR	
CITY-ST-ZIP	TITUSVILLE FL	44 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	DVS	51 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	ZAWADSKY, LUIS	52 NAME	NANCY WEIDNER	
STREET ADDRESS	4505 W CHENEY HWY	53 STREET ADDRESS	135 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL	54 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry Weinstein - BARRY WEINSTEIN 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004870