SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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: 04/11/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-2964957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEEPLES, JAMES W. III
505 NORTH ORLANDO AVENUE
COCOA BEACH FL 32932

10. Name and Address of New Registered Agent

81 Name: John H. Evans
82 Street Address (P.O. Box Number is Not Acceptable): 1702 S. Washington Ave.
83
84 City: Titusville FL 85 Zip Code: 32780

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 9/3/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WHITE, RALPH		1.2 NAME	Nan Turgeon	
STREET ADDRESS	135 PLANTATION DRIVE		1.3 STREET ADDRESS	135 Plantation Dr.	
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	Titusville Fl 32780	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	PERRY, ART		2.2 NAME	Frank Gorman	
STREET ADDRESS	135 PLANTATION DR		2.3 STREET ADDRESS	135 Plantation Dr.	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	Titusville Fl 32780	
TITLE	DP	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MCDANIEL, LARRY		3.2 NAME	Martie Yohe	
STREET ADDRESS	135 PLANTATION DR		3.3 STREET ADDRESS	135 Plantation Dr.	
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP	Titusville Fl 32780	
TITLE	DS	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BAUER, SALLY		4.2 NAME	Walter Helm	
STREET ADDRESS	135 PLANTATION DR		4.3 STREET ADDRESS	135 Plantation Dr.	
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP	Titusville Fl 32780	
TITLE	D	☒ DELETE	5.1 TITLE	DT	☐ Change ☒ Addition
NAME	WEIDNER, NANCY		5.2 NAME	Joan Connell	
STREET ADDRESS	135 PLANTATION DR		5.3 STREET ADDRESS	135 Plantation Dr.	
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP	Titusville Fl 32780	
TITLE	DVP	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BUDZIL, PAT		6.2 NAME	George Holdcroft	
STREET ADDRESS	135 PLANTATION DRIVE		6.3 STREET ADDRESS	135 Plantation Dr	
CITY-ST-ZIP	TITUSVILLE FL		6.4 CITY-ST-ZIP	Titusville Fl 32780	

CR2E037 (4/97)

14. I do 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 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: SIGNATURE REQUIRED [illegible] 9/3/97