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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 08/17/1989

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

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

2. Principal Place of Business	2a. Mailing Address
21 135 Plantation Dr.	26 135 Plantation Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Titusville Florida	28 City & State: Titusville Florida
24 Zip: 32780 25 Country: USA	29 Zip: 32780 30 Country: USA

9. Name and Address of Current Registered Agent

EVANS, JOHN H.
1702 S WASHINGTON AVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

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 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: John H. Evans 1/21/98
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	TURGEON, NAN		1.2 NAME	HELM, Walt	
STREET ADDRESS	135 PLANTATION DRIVE		1.3 STREET ADDRESS	135 Plantation Dr.	
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	Titusville FL	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GORMAN, FRANK		2.2 NAME	Murphy, Murph	
STREET ADDRESS	135 PLANTATION DR		2.3 STREET ADDRESS	135 Plantation Dr.	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	Titusville FL	
TITLE	DP	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MCDANIEL, LARRY		3.2 NAME	Hogan, Jack	
STREET ADDRESS	135 PLANTATION DR		3.3 STREET ADDRESS	135 Plantation Dr	
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP	Titusville FL	
TITLE	DS	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BAUER, SALLY		4.2 NAME	Rouse, Jack	
STREET ADDRESS	135 PLANTATION DR		4.3 STREET ADDRESS	135 Plantation Dr.	
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP	Titusville FL	
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CONNELL, JOAN		5.2 NAME		
STREET ADDRESS	135 PLANTATION DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BUDZIL, PAT		6.2 NAME		
STREET ADDRESS	135 PLANTATION DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: Sally Bauer SALLY BAUER 2/25/98 (407) 269-5004