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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33768**

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

Principal Place of Business	Mailing Address
135 PLANTATION DR 505 NORTH ORLANDO AVENUE. P.O. BOX 320757 TITUSVILLE FL 32780 US	135 PLANTATION DR 505 NORTH ORLANDO AVENUE. P.O. BOX 320757 TITUSVILLE FL 32780 US

2. Principal Place of Business
21 145 PLANTATION DR.
22 Suite, Apt. #, etc.
23 City & State: TITUSVILLE, FL
24 Zip: 32780 25 Country: USA

2a. Mailing Address
26 145 PLANTATION DR.
27 Suite, Apt. #, etc.
28 City & State: TITUSVILLE, FL
29 Zip: 32780 30 Country: USA

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

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

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

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

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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELM, WALT 135 PLANTATION DR TITUSVILLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D, V-P PATRICK E. DIDOMENICO 135 PLANTATION DR. TITUSVILLE, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D -S/T MURPHY, MURPH 135 PLANTATION DR TITUSVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	NANCY TURGEON 135 PLANTATION DR. TITUSVILLE, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOGAN, JACK 135 PLANTATION DR TITUSVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D GLEN MANTOOTH 135 PLANTATION DR. TITUSVILLE, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROUSE, JACK 135 PLANTATION DR TITUSVILLE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D NANCY WEIDNER 135 PLANTATION DR. TITUSVILLE, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CONNELL, JOAN 135 PLANTATION DR TITUSVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D ROBERT YOUNG 135 PLANTATION DR. TITUSVILLE, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALCOLM R. KIRSCHENBAUM 135 PLANTATION DR. TITUSVILLE, FL 32780	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Patricia SIGNATURE REQUIRED Director 3-9-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #