2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N33768

Entity Name: THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

145 PLANTATION DR
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

145 PLANTATION DR
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 59-2964957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, HIRAM K
100-D PLANTATION DR.
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	JACOBS, LYNN	
Address:	145 PLANTATION DR	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	DVP	( ) Delete
Name:	HAMMOND, ED	
Address:	145 PLANTATION DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	HARVEY, ELAINE	
Address:	145 PLANTATION DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	DP	( ) Delete
Name:	WEEKLEY, VERNON	
Address:	145 PLANTATION DR	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	GAUVIN, RONALD	
Address:	145 PLANTATION DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	DT	( ) Delete
Name:	BROWN, ROBERT	
Address:	145 PLANTATION DR	
City-St-Zip:	TITUSVILLE, FL 32780	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	LODGE, WILLIAM P	
Address:	145 PLANTATION DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	STEWART, ELAINE	
Address:	145 PLANTATION DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN JACOBS S 02/19/2009

Electronic Signature of Signing Officer or Director — Date