

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90079 031 ****61.25

DOCUMENT # N33772

1. Entity Name
**THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT I
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**145 PLANTATION DR
TITUSVILLE, FL 32780 US**

Mailing Address
**145 PLANTATION DR
TITUSVILLE, FL 32780 US**

40024944



02062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2964958

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHESNUT, MATTHEW
100-D PLANTATION DR.
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MURPHY, LORRAINE
145 PLANTATION DRIVE
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
NEVIN, PAULETTE
145 PLANTATION DR
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
BUDZIL, PATRICIA M
145 PLANTATION DR
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine Murphy Lorraine Murphy 2/20/07 321-268-9767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #