

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90008 045 \*\*\*\*61.25

<b>DOCUMENT # N41251</b> 1. Entity Name <b>THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT IV CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>145 PLANTATION DR TITUSVILLE, FL 32780 US</b>			Mailing Address <b>145 PLANTATION DR TITUSVILLE, FL 32780 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <b>59-3036413</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Name and Address of Current Registered Agent  <b>WILCOX, ROBERT M 100-D PLANTATION DR. TITUSVILLE, FL 32780</b>	
Country		Country		7. Name and Address of New Registered Agent Name <b>MATHEW CHESNUT</b> Street Address (P.O. Box Number is Not Acceptable) <b>100-D PLANTATION DRIVE</b> City <b>TITUSVILLE</b> <b>FL</b> Zip Code <b>32780</b>	
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 <u><i>Matthew Chesnut</i></u> <b>MATHEW CHESNUT</b> <u>2-27-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIVENS, JAMES 145 PLANTATION DR TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GIVENS, JAMES 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOODRICH, ANDREW 145 PLANTATION DR TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOODRICH, ANDREW 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUBBARD, RON 145 PLANTATION DR TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUBBARD, RONALD 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u><i>Ronald O Hubbard</i></u> <b>Ronald O. Hubbard</b> <u>2-27-06</u> <u>321-218-9767</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					