04261999-90127-012-$61.25-$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90127 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N93000000554**

1. Corporation Name
THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT V CO NDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
135 PLANTATION DR TITUSVILLE FL 32780 US	135 PLANTATION DR TITUSVILLE FL 32780 US

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

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

3. Date Incorporated or Qualified
02/09/1993

4. FEI Number
59-3232356
☐ 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

9. Name and Address of Current Registered Agent
BEALS, ROBERT L.
1800 W. HIBICUS BLVD
STE. 138
MELBOURNE FL 32902

10. Name and Address of New Registered Agent
81 Name: JOHN H. EVANS
82 Street Address (P.O. Box Number is Not Acceptable): 1702 S. WASHINGTON AVE.
83
84 City: TITUSVILLE FL 85 Zip Code: 32780

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 _____ 4/14/99
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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PERRY, ARTHUR		1.2 NAME	
STREET ADDRESS	135 PLANTATION DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VANDERBROEK, KEN		2.2 NAME	
STREET ADDRESS	135 PLANTATION DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COBB, MILDRED		3.2 NAME	
STREET ADDRESS	135 PLANTATION DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: Millard B. Cobb SIGNATURE REQUIRED 4/30/99 407/268-9762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Millard B. Cobb

CR2E037 (11/98)