2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

					, Secre	tary o	1 50	aie	
DOCUMENT # N9300000554 1. Entity Name THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT V CONDOMINIUM ASSOCIATION, INC.						006 90008 009			
Principal Place of Business 145 PLANTATION DR TITUSVILLE, FL 32780 US		Mailing Address 145 PLANTATION DR TITUSVILLE, FL 32780 US		16 (2) \$50 \$50 \$4.64 \$2 \$4.	# 88411 88121 88411 88181		IIDI RI MATI		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012006 Chg-NP	CR2E037	(11/05)			
City & State		City & State			4. FEI Number Applied For 59-3232356 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status Desire		8.75 Add e Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of No	w Registered Age	ent		
WILCOX, ROBERT M 100-D PLANTATION DR.				Name MATHEW CHESNUT Street Address (P.O. Box Number is Not Acceptable)					
IIIUSVILL	.E, FL 32780			100-0	PLANTATION DRIVE			_	
	1. X		City		SVILLE	FL	Zip Code 32780)	
8. The above	named entity submits this statement for	r the purpose of changing its	registered office of			of Florida. I am fan		and accept	
tri o obligat	ions of registered agent.	•							
	Markey Shaney	∠	MATHEW CH	HESNUT	Т	2/27/2	,	ļ	
SIGNATURE/	Signature, typed or printed name of registered agent	and title if applicable. {NOTI	: Registered Agent signs	ture required	when reinstating)	DATE	<u>~</u>		
		A 51V O				Make check p		Sales Sales	
*	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Florida Departm			
10.	OFFICERS AND DI	RECTORS	11.	- 7	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN	10	
TITLE	DVP	☐ Delete	TITLE	DP		[2	Change	☐ Addition	
NAME	SCHULTZ, LYLE		NAME	1	JLTZ, LYLE				
STREET ADDRESS CITY-ST-ZIP	145 PLANTATION DR. TITUSVILLE, FL 32780.		STREET ADDRESS CITY-ST-ZIP		PLANTATION DRIVE SVILLE FL 32780				
TITLE	OP	☑ Delete	TITLE	DVP	541CCE 1 C 0C100	г	Change	Addition	
NAME	REHRIG, CHARLES	El belos	NAME	STEV	VART, ELAINE	_		_	
STREET ADDRESS	145 PLANTATION DR.		STREET ADDRESS	145 P	LANTATION DRIVE				
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		SVILLE FL 32780	<u>-</u>			
TITLE NAME	DS ROURKE, PATRICK	☐ Delete	TITLE	DS	DVE DATDICK	L	Change	☐ Addition	
STREET ADDRESS	145 PLANTATION DR.		STREET ADDRESS		RKE, PATRICK PLANTATION DRIVE				
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		SVILLE FL 32780	 .			
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1					
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME		D01040	NAME			-			
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	title Name				Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	1		CITY-ST-ZIP				• •	٠ ,	

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:	Ly	e R	Schull	L.18	P. Schultz	2/17/06	321-268-976	7
	SIGNATURE	NO TYPED OR PRINT	TED NAME OF SIGNING OFFICER OR DIRECTOR		-	Date	Daytime Phone #	
	- ()							