# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2006 8:00 am**
**Secretary of State**
03-02-2006 90008 009 ****61.25

DOCUMENT # N93000000554

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

| Principal Place of Business | Mailing Address |
|---|---|
| 145 PLANTATION DR<br>TITUSVILLE, FL 32780 US | 145 PLANTATION DR<br>TITUSVILLE, FL 32780 US |

02012006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-3232356 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WILCOX, ROBERT M<br>100-D PLANTATION DR.<br>TITUSVILLE, FL 32780 | Name: MATHEW CHESNUT<br>Street Address (P.O. Box Number is Not Acceptable): 100-D PLANTATION DRIVE<br>City: TITUSVILLE **FL** Zip Code: 32780 |

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: Mathew Chesnut MATHEW CHESNUT 2/27/06
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, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>SCHULTZ, LYLE<br>145 PLANTATION DR.<br>TITUSVILLE, FL 32780 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>SCHULTZ, LYLE<br>145 PLANTATION DRIVE<br>TITUSVILLE FL 32780 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>REHRIG, CHARLES<br>145 PLANTATION DR.<br>TITUSVILLE, FL 32780 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>STEWART, ELAINE<br>145 PLANTATION DRIVE<br>TITUSVILLE FL 32780 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>ROURKE, PATRICK<br>145 PLANTATION DR.<br>TITUSVILLE, FL 32780 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>ROURKE, PATRICK<br>145 PLANTATION DRIVE<br>TITUSVILLE FL 32780 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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.

**SIGNATURE:** Lyle R Schultz Lyle R. Schultz 2/17/06 321-268-9767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #