

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90378 014 \*\*\*\*61.25

**DOCUMENT # N93000001986**

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



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3232360**

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

Name  
**MATHEW CHESNUT**

Street Address (P.O. Box Number is Not Acceptable)

**100-D PLANTATION DRIVE**

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

*Matthew Chesnut*

**MATHEW CHESNUT**

*03/29/06*

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  
LOVELL, ROBERT  
145 PLANTATION DRIVE  
TITUSVILLE, FL 32780** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
PARRY, IVADAWN  
145 PLANTATION DRIVE  
TITUSVILLE FL 32780** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
FUGARO, JOAN  
145 PLANTATION DR  
TITUSVILLE, FL 32780** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
SHEPPARD, MARYANN  
145 PLANTATION DRIVE  
TITUSVILLE FL 32780** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
NORRIS, GEORGENE  
145 PLANTATION DRIVE  
TITUSVILLE, FL 32780** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
NORRIS, GEORGENE  
145 PLANTATION DRIVE  
TITUSVILLE FL 32780** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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☐ 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:

*Matthew Chesnut*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/30/06*

DATE

*264-9844*

DAYTIME PHONE #