2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2007 8:00 am Secretary of State

02-26-2007 90079 028 ****61.25

DOCUMENT # N93000001986

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



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145 PLANTATION DR 14			145	ailing Address 45 PLANTATION DR ITUSVILLE, FL 32780 US			4					
Principal Place of Business - No P.O. Box # Mailing Address												
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				02062007	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State					4. FEI Numbe 59-3232			 	plied For ot Applicable
Zip Country			Zip	Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registe								7. Name and Address of New Registered Agent				
CHESNUT, MATHEW					Name							
100 D PLANTATION DR TITUSVILLE, FL 32780					Street Address (P.O. Box Number is Not Acceptable)							
						City				Fì	Zip Cod	е
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												
	named entity ions of registe		or the purp	ose or changing its	registere	ed office or	register	ed agent, or bot	ii, iii the State o	irionda. I am	railillai Willi,	and accept
3												
SIGNATURE .												
	Signature, typed o	or printed name of registered ager	x and title if app	sicable. (NOTE	: Regustere	d Agent signatur	re required	when reinstating)		DATE		
									1			
Filing Fee is \$61.25 Due by May 1, 2007				Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND D	IRECTORS	RECTORS 11				ADDITIONS/CHA	NGES TO OFF	ICERS AND D	RECTORS IN	I 10
TITLE	DP			☐ Delete	TITLE	E					Change	☐ Addition
NAME	PARRY, IN				NAM	E Et adoress						
STREET ADORESS CITY-ST-ZIP	1 10											
		E, FL 32/60			_	- \$T - ZIP	DVP					57 1 (200
TITLE NAME	DVP	D, MARYANN		Delete	TITLI NAM			VELAND, COI	NSTANCE		Change	Addition
STREET ADDRESS		TATION DR				ET ADDRESS		PLANTATION				
CITY-ST-ZIP		E, FL 32780				-ST-ZIP	TITU	SVILLE FL 32	2780			
TITLE	DST	· · · · · · · · · · · · · · · · · · ·		∑ Delete	TITL	Ε	DST		*		Change	Addition
NAME	NORRIS,	GEORGENE			NAM		PHAI	NEUF, CATH	ERINE			
STREET ADDRESS	145 PLAN	TATION DRIVE			STRE	EET ADDRESS	145 F	PLANTATION	DRIVE			
CITY-ST-ZIP	TITUSVILI	LE, FL 32780			CITY	-ST-ZIP	TITU	SVILLE FL 32	2780			
TITLE				☐ Delete	TITL	E					Change	Addition
NAME CYPET LODDEGO	1				NAM							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP						
				П	+						L'I Chongo	Addition
NAME				☐ Delete	TITL NAM						Change	Addition
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					ÇIT	r-ST-ZIP						
TITLE				☐ Delete	TITL	.E					☐ Change	☐ Addition
NAME					NAN	Æ						
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP	<u>L</u>					Y-ST-ZIP						
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												r or director

changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN GOFFICER OR DIRECTOR