FILE NOW: FILING FEE IS $61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005964 (1)

1. Corporation Name

THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT X CO NDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
505 NORTH ORLANDO AVE. COCOA BEACH FL 32931	505 NORTH ORLANDO AVE. COCOA BEACH FL 32931-3166

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 402 High Point Drive
Suite, Apt. #, etc. 22
City & State 23 Cocoa, FL
Zip 24 32926 Country 25

2a. Mailing Address
26 402 High Point Drive
Suite, Apt. #, etc. 27
City & State 28 Cocoa, FL
Zip 29 32926 Country 30

4. FEI Number: 59-3361216 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEEPLES, JAMES W III
505 NORTH ORLANDO AVE.
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name: Malcolm R. Kirschenbaum
82 Street Address (P.O. Box Number is Not Acceptable): 402 High Point Drive
83
84 City: Cocoa FL 85 Zip Code: 32926

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 _____ 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MCDANIEL, LARRY	
STREET ADDRESS	135 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DV	☒ DELETE
NAME	HANSEL, LYNN R	
STREET ADDRESS	135 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	DST	☒ DELETE
NAME	WEINSTEIN, BARRY	
STREET ADDRESS	135 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	☒ DELETE
NAME	TURGEON, NANCY	
STREET ADDRESS	135 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Grant Seaman	
1.3 STREET ADDRESS	135 Plantation Drive	
1.4 CITY-ST-ZIP	Titusville, FL 32780	
2.1 TITLE	D/S/T	☐ Change ☒ Addition
2.2 NAME	Sally J. Bauer	
2.3 STREET ADDRESS	135 Plantation Drive	
2.4 CITY-ST-ZIP	Titusville, FL 32780	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE _____ 4/21/97