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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
402 HIGH POINT DRIVE COCOA FL 32926 US	402 HIGH POINT DRIVE COCOA FL 32926 US

3. Date Incorporated or Qualified: 12/02/1994

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 135 Plantation Dr	26 135 Plantation Dr
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Titusville Florida	28 City & State: Titusville Florida
24 Zip: 32780 25 Country: USA	29 Zip: 32780 30 Country: USA

9. Name and Address of Current Registered Agent

KIRSCHENBAUM, MALCOLM R
402 HIGH POINT DRIVE
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 912 Dixon Blvd.

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 _____ 1/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MCDANIEL, LARRY		1.2 NAME	Callis, W. Allen	
STREET ADDRESS	135 PLANTATION DRIVE		1.3 STREET ADDRESS	135 Plantation Dr	
CITY-ST-ZIP	TITUSVILLE FL 32780		1.4 CITY-ST-ZIP	Titusville FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEAMAN, GRANT		2.2 NAME		
STREET ADDRESS	135 PLANTATION DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAUER, SALLY J		3.2 NAME		
STREET ADDRESS	135 PLANTATION DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: Sally Bauer Sally Bauer 3-18-98