

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90075 001 ****61.25

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



Principal Place of Business

**145 PLANTATION DR
TITUSVILLE, FL 32780**

Mailing Address

**145 PLANTATION DR
TITUSVILLE, FL 32780**

DO NOT WRITE IN THIS SPACE



02022005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3361219

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILCOX, ROBERT M
100-D PLANTATION DR.
TITUSVILLE, FL 32780**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
BERKOWITZ, NORMAN
145 PLANTATION DR.
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GREIB, JOHN
145 PLANTATION DR
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
WORRALL, DIANNE
145 PLANTATION DRIVE
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
WALKER, DENNIS
145 PLANTATION DR.
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SOMERS, LINDA
145 PLANTATION DR.
TITUSVILLE, FL 32780**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Berkowitz

Date

2/16/05

(321) 268-9767

Daytime Phone #