

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90008 005 ****61.25

DOCUMENT # N96000001390 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3361219	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 <u><i>Mathew Chesnut</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			MATHEW CHESNUT 2/27/06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP BERKOWITZ, NORMAN 145 PLANTATION DR. TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP S. DIANNE WORRALL 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREIB, JOHN 145 PLANTATION DR TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BUKOWICK, ALBIN 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WORRALL, DIANNE 145 PLANTATION DRIVE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SOMERS, LINDA 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WALKER, DENNIS 145 PLANTATION DR. TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KLOTZ, RICHARD 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMERS, LINDA 145 PLANTATION DR. TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTZ, LINDA 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>S. Dianne Worrall</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			S. Dianne Worrall 2/16/06 321-264-7444 <small>Date Daytime Phone #</small>		