2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90009 029 ****61.25

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



Annual Presence of Business Mailary Address							40040	340			
Suite, Apt. #, etc. Suite, Ap	145 PLANTA	ITION DR	145	PLANTATION DR					11) 4 1 114 11 11 5 11 8 1		III 8 4 189 1
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Section Sect	Suite, Apt.	#, etc.	Sui	ite, Apt. #, etc.			02212008 _C	ing-NP	CR2E037	(12/06)	
6. Name and Address of Current Registered Agent CHESNUT, MATTHEW 100-D PLANTATION DR. TITUSVILLE, FL 32780 8. The above named entity submits this statement for the purpose of changing its registered disco or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to entitle discount of the purpose of changing its registered discount or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to entitle discount or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to entitle discount or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to entitle discount or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to entitle discount or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to entitle discount or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to entitle discount or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to Post agent ag	City & Stat	e	Cit	y & State		i		19			plied For at Applicable
Name JACOBS, LYNN	Zip			35 ;	Country					ee Require	
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Lynn Jacobs Lynn Jacobs Lynn Jacobs 3/4/68 3/4/68 Signature, how or printed name of injectoring aligning and site of application. (NOTE: Registered Agreet approache required when rentistancy) DATE Filing Fee is \$61.25 Due by May 1, 2008 Prints Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DP MAME WORRALL, S.DIANNE SIREET ADDRESS 145 PLANTATION DR. SIREET ADDRESS 145 PLANTATION DRIVE TITUSVILLE, FL 32780 DP Change Add WOFFORD, SANDEE 145 PLANTATION DRIVE TITUSVILLE, FL 32780 CITY-SI-2IP TITUSVILLE, FL 32780 CITY-SI-2IP TITUSVILLE, FL 32780 SIREET ADDRESS 145 PLANTATION DRIVE TITUSVILLE, FL 32780 CITY-SI-2IP TITUSVILLE, FL 32780 SIREET ADDRESS 145 PLANTATION DRIVE TITUSVILLE, FL 32780 CITY-SI-2IP TITUSVILLE, FL 32780 SIREET ADDRESS 145 PLANTATION DRIVE TITUSVILLE, FL 32780 CITY-SI-2IP TITUSVILLE, FL 32780 CITY-SI-2IP TITUSVILLE, FL 32780 MAME NAME SIREET ADDRESS 145 PLANTATION DRIVE TITUSVILLE, FL 32780 CITY-SI-2IP TITUSVILLE, FL 32780 MAME NAME NAME NAME NAME NAME NAME NAM				## #	•					3278	80
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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 attaching the true of the receiver of the receiv

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR