2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N96000001390

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

Current Principal Place of Business:

145 PLANTATION DR
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

145 PLANTATION DR
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3361219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, LYNN
100-D PLANTATION DR.
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: BEIBERICH, JEANINE
Address: 145 PLANTATION DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: DP ( ) Delete
Name: BUKOWICK, ALBIN
Address: 145 PLANTATION DR
City-St-Zip: TITUSVILLE, FL 32780

Title: DS ( ) Delete
Name: WOFFORD, SANDEE
Address: 145 PLANTATION DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: DT ( ) Delete
Name: KLOTZ, RICHARD
Address: 145 PLANTATION DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: MUMMA, RICHARD
Address: 145 PLANTATION DR.
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBIN BUKOWICK PRES 03/10/2009
Electronic Signature of Signing Officer or Director — Date