## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Mar 17, 2008 8:00 am Secretary of State

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SIGNATURE:

DOCUMENT # N96000002042 THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT IX CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 145 PLANTATION DR. 145 PLANTATION DR. TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212008 CR2E037 (12/06) Applied For City & State City & State 4. FEI Numbe 59-3361220 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACOBS, LYNN CHESNUT, MATHEW 100-D PLANTATION DR. Street Address (P.O. Box Number is Not Acceptable) 100-D PLANTATION DRIVE TITUSVILLE, FL 32780 Zip Code 32780 City **TITUSVILLE** 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 Lynn Jacobs SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, yped or printed name of registered agent and title if applicable Make check payable to 9, Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. П Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. DP Addition TITLE ☐ Change TITLE ☐ Delete WHIDBY, JERRY NAME NAME 145 PLANTATION DRIVE STREET ADDRESS STREET ADDRESS TITUSVILLE, FL 32780 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE DVP HAMILTON, JOHN NAME NAME 145 PLANTATION DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP DVP Delete ☐ Change **Addition** TITLE TITLE DST BALDWIN, MARIA NAME JOYNT, KAREN 145 PLANTATION DRIVE STREET ADDRESS STREET ADDRESS 145 PLANTATION DRIVE TITUSVILLE, FL 32780 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 singularity 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 attactor of the corporation of the corpor