DOCUMENT # N9700006024

$\mathbf{M} \mathbf{Q} \cdot \mathbf{M} \mathbf{Q} \cdot \mathbf{M}$

THE GRE	AT OUTDOORS PREMIER F	R.V./GOLF RESORT XII	.		l'	Secret	ary	of S	tate	
Principal Place	of Business	Mailing Address			_	04-10-200	0 90030	036 ****	61.25	
35 PLANTATION DR. ITUSVILLE FL 32780		135 PLANTATION DR. TITUSVILLE FL 32780-2528								
2. Principal Pla	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Sulte, Apt. #, etc.			1 .	DO NOT WRITE	IN THIS SF	ACĘ		
City & State		City & State			4. FEI Number 59-3485 158			Applied For Not Applicable		
Zip Country		Zip	Cou	ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	L		7. Name and A	ddress of New Re	gistered Ag	ent		
GLASS, GREGORY W 1800 W. HIBISCUS BLVD., STE. 138 MELBOURNE FL 32902-1870				Street Address	JOHN H. FVANS Street Address (PO. Box Number is Not Acceptable) 1702 S. WASHINGTON AVE.					
SIGNATURE _	named entity submits this statement.	ЈОН М Н. Е	VANS	TITUS	tered agent, or both	, in the state of Flor	FL ida.	3278		
· · · · · · · · · · · · · · · · · · ·	FILE NOW: FEE IS \$61.25	9. Election Campaig Trust Fund Contrib			i.00 May Be ded to Fees	Dep	ariment	_		
10.	OFFICERS AND D	DIRECTORS	11.			NGES TO OFFICER	RS AND DIR			
NAME STREET ADDRESS	DVP ARBUCKLE, NANCY 135 PLANTATION DR. TITUSVILLE FL 32780	☐ Delete		IE D	USTY MCDAN 45 PLANTAT LITUSVILLE,	ION DRIVE		☐ Change	【XI Addition	
TIYLE. NAME STREET ADDRESS	DV HANSEL, LYNN R 135 PLANTATION DR.	Delete		E D ME C EET ADDRESS 1	VP CLAY MILLER 45 PLANTAT	ION DRIVE		☐ Change	☑ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITUSVILLE FL 32780 DP HANSEL, LYNN R 135 PLANTATION DR. TITUSVILLE FL 32780	☐ Delote	TITI NAI STE	E C	TTUSVILLE. DS/T PAUL HARVEY 45 PLANTAT CITUSVILLE.	ION DRIVE		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TURGEON, NAN 135 PLANTATION DR.	□ Oekte		LE	<u>Lilla Villilie</u> ,	<u></u>	<u> </u>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITUSVILLE FL 32780	☐ Delete	TIT NA ST					☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	certify that the information supplied	☐ Delete	TM NA ST CI	NE ME REET ADDRESS TY-ST-ZIP		Their Control	I founds	☐ Change	Addition	

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)/in. Florida Statutes. That the information indicated on this report or suppliemental report is rue 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 REQUIRED Outy

467-268-9767