2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90014 032 ****61.25

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

Principal Place of Business	Mailing Address
135 PLANTATION DR. TITUSVILLE, FL 32780	135 PLANTATION DR. TITUSVILLE, FL 32780

01282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
145 Plantation Dr. Suite, Apt. #, etc.	145 Plantation Dr. Suite, Apt. #, etc.
City & State: Titusville FL	City & State: Titusville FL
Zip: 32780 Country: USA	Zip: 32780 Country: USA

4. FEI Number 59-3485158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, JOHN H.
1702 S WASHINGTON AVENUE
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name: Robert m. wilcox
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: _____ Robert m. wilcox 4-2-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 LEISER, FRED 145 PLANTATION DRIVE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPD SOARS, LEW 145 PLANTATION DRIVE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SOARS, FLORENCE 145 PLANTATION DR TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Lewis M. Soars 3-12-04 321-268-9767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #