2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N97000006024

1. Entity Name



FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90329 045 ****61.25

XII COND	EAT OUTDOORS PREMIE COMINIUM ASSOCIATION	R R.V./GOLF RESOR I INC.	Т							
Principal Place of Business 145 PLANTATION DR. TITUSVILLE, FL 32780		Mailing Address 145 PLANTATION DR. TITUSVILLE, FL 32780					50010	380	1	
2. Principal F	Mace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			0000000					
						hg-NP	CR2E037 (1			
City & State		City & State			4. FEI Number 59-348515	8			plied For t Applicable	
Zip Country		Zip	Zip Country		5. Certificate of St	atus Desired		75 Add Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
WILCOX I	ROBERT M		Nam	e MAT	HEW CHESNUT					
WILCOX, ROBERT M 100-D PLANTATION DR.				et Address (P.O. Box Number is	Not Acceptable	9)			
ITTUSVILI	LE, FL 32780			100-0	D PLANTATION I	DRIVE				
			City	TITU	rusville FL Zip Code 32780					
	named entity submits this statement	for the purpose of changing its	registered offic			the State of Flo				
the obligat	tions of registered agent.						1)	,		
SIGNATURE MOTHER BROWNER MATHEW CH					T		<u>03/29/0</u>	6_		
'	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Agent s	oneh re remirer	da.a.a. maineacadin m)				- 1	
				Grana reducer	a wietu tekaramiði		LIAIE			
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Can Trust Fund C	npaign Financir		\$5.00 May Be Added to Fees		ake check pay		1	
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12. 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 attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2 321-268-9767 Dayrime Phone #