

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

**DOCUMENT # N97000006024**

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



Principal Place of Business  
**145 PLANTATION DR.  
TITUSVILLE, FL 32780**

Mailing Address  
**145 PLANTATION DR.  
TITUSVILLE, FL 32780**

**50010380**



03292006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3485158</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WILCOX, ROBERT M 100-D PLANTATION DR. TITUSVILLE, FL 32780</b>		Name <b>MATHEW CHESNUT</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>100-D PLANTATION DRIVE</b>	
		City <b>TITUSVILLE</b>	FL

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 *Mathew Chesnut* **MATHEW CHESNUT** *03/29/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WAGNER, MARIKA L 145 PLANTATION DRIVE TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HELMS, GERRI 145 PLANTATION DRIVE TITUSVILLE FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GREUEY, DONALD 145 PLANTATION DRIVE TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP GAUVIN, RONALD 145 PLANTATION DRIVE TITUSVILLE FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROMLEY, SHIRLEY 145 PLANTATION DR TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BROMELY, SHIRLEY 145 PLANTATION DRIVE TITUSVILLE FL 32780 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Shirley C. Bromley* **Shirley C. Bromley** *April 5, 2006* *321-268-9767*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #