

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006449

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** THE GREAT OUTDOORS PREMIER R.V. / GOLF RESORT XIV CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

145 PLANTATION DR.  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

145 PLANTATION DR.  
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number:** 59-3543931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, LYNN  
100-D PLANTATION DR.  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BUNCH, ALBERT  
Address: 145 PLANTATION DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: DV ( ) Delete  
Name: WALKER, NORMAN  
Address: 145 PLANTATION DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: STD ( ) Delete  
Name: NORRINGTON, EILEEN  
Address: 145 PLANTATION DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: NESTRICK, ANNE  
Address: 145 PLANTATION DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT BUNCH

PRES

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date