

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90008 004 ****61.25

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



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

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

40022597



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02142006 Chg-NP CR2E037 (11/05)

City & State

City & State

Zip Country Zip Country

4. FEI Number
59-3611580

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WILCOX, ROBERT M
 145 PLANTATION DR.
 TITUSVILLE, FL 32780**

7. Name and Address of New Registered Agent

Name **MATHEW CHESNUT**

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 *Matheu Chesnut* **MATHEW CHESNUT** 2/27/06
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, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUDLOW, JAMES 145 PLANTATION DR. TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FIERRO, MONICA 145 PLANTATION DR TITUSVILLE, FL 32780	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOODWIN, PATRICIA 145 PLANTATION DR TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT STINNETT, KATHLEEN 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FIERRO, MONICA 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRANK, MARY ANN 145 PLANTATION DRIVE TITUSVILLE FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Monica Fierro* **Monica Fierro** 2/24/06 321-268-9767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #