## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N99000005047

## **FILED** Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90009 031 \*\*\*\*61.25

		MIER R.V./GOLF RESOF ION, INC.	RT		- 4 4	
Principal Place of Business 145 PLANTATION DR. TITUSVILLE, FL 32780		Mailing Address 145 PLANTATION DR. TITUSVILLE, FL 3278(			40046544	
2. Principal F	Place of Business - No P.O. Box	# 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR2E037 (12/06)	
City & State		City & State	City & State		^	plied For at Applicable
Zip	Country	Zip	Country	5. Certificate of St	Fee Required	
	6. Name and Address of C	urrent Registered Agent			ress of New Registered Agent	
CHESNUT		A STATE OF THE STA	Name	JACOBS, LYNN		
CHESNUT, MATTHEW 100-D PLANTATIOB DR TITUSVILLE, FL 32780			Street Address (P.O. Box Number is Not Acceptable) 100-D PLANTATION DRIVE			
	71					
		<u> </u>	City TITUS		FL Zip Code 3278	30
	named entity submits this stater tions of registered agent.	nent for the purpose of changing its	s registered office of	r registered agent, or both, in	the State of Florida. I am familiar with,	and accept
SIGNATURE	Signature, sped ox printed name in register	ed agent and title il applicable. (NOT		n Jacobs ure required when reinstating)	2/28/08 DATE	
_	Filing Fee is \$61.25 Due by May 1, 2008		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of St	
10.	Due by May 1, 2008	Trust Fund (		Added to Fees	Florida Department of St	tate
10. TITLE	Due by May 1, 2008		Contribution.	Added to Fees		tate
	Due by May 1, 2008 OFFICERS A	ND DIRECTORS	Contribution.	Added to Fees	Florida Department of St	tate
TITLE	OFFICERS A	ND DIRECTORS	11. TITLE	Added to Fees	Florida Department of St	tate
TITLE NAME	OFFICERS A  OT  STINNETT, KATHLEEN	ND DIRECTORS	11. TITLE NAME	Added to Fees	Florida Department of St	tate
TITLE NAME STREET ADDRESS	OFFICERS A  OFFICERS A  DT  STINNETT, KATHLEEN  145 PLANTATION DR.	ND DIRECTORS	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Department of St	tate
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I hereby certify that the information supplied with this filling does not quality 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 approximent.

SIGNATURE:

<u> 321-268-9767</u>