FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011478

1. Corporation Name

THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT REAL TY, INC.

Principal Place of Business	Mailing Address			
135 PLANTATION DR. TITUSVILLE FL 32780	135 PLANTATION DR. TITUSVILLE FL 32780			

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90157 046 ***300.00



	•					<u> </u>	
Principal Plac	e of Business	Mailing Address					
135 PLANTATION DR. 135 PLANTATION DR.							
TITUSVILLE FL 32780 TITUSVILLE FL 32780					DO NOT WE	NET IN THIS SPACE	
					3. Date Incorporated or Qualifect	RITE IN THIS SPACE	
					02/10/1994	,	}
		O Mailing Address			4. FEI Number		plied For
	lace of Business	2a. Mailing Address			59-3225978		ot Applicable
21	44	Suite, Apt. #, etc.				\$8.75 /	
Suite, Apt.	#, etc.	27 Suite, Apr. #, 810.			5. Certifcate of Status Desired	□ Fee Re	
City & Stat	No.	City & State		· · ·	6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the cu	rrent year Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Cut		التتا.		10. Name and Address of New	Registered Agent	
				81 Name	RY MLDANIEL		
	ls, robert l			82 Street Add	ress (P.O. Box Number is Not Accep	table)	
) W HIBISCUS BLVD			(35	PLANTATION DR.		
	138			83			ļ
MEL	BOURNE FL 32902-1870			84 City		85 Zip 0	Code
	•			TIT	us ville	FL 32-	<i>780</i>
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, F oride Statut	es, the al	ove-named corp	poration submits this statement for the on's board of directors. I hereby accounts	e purpose of changing its	registered
office or a	registered agent, or both, in the St	ate of Florida. S (t sh c (lang) was a ligations of, Section 647.0505, Flo	iuthorized irida Stati	by the corporati	on's board of directors. I hereby according	pt the appointment as re	gistered
	Pulla	A LA	RRY	MCDAN	IEL DIRECTOR	2/12/99	
SIGNATURE	Signature, typed or puried name of registered	agent and title if applicable. (NOTE	: Registered	Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO O		
TITLE	D	☐ DELETE	1.1 11	T.E.		☐ Change	☐ Addition
NAME	MCDANIEL, LARRY		1.2 NA	ME			i
STREET ADDRESS			1.3 \$1	REET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL	10071	1.4 CF	TY-ST-ZIP			
TITLE		☐ DELETÉ	2.1 TI	nlë		☐ Change	☐ Addition
NAME			2.2 N	WE	· •		-}
STREET ADDRESS			2.3 \$1	REET ADDRESS			
CITY-ST-ZIP			2.4 C	TY-ST-ZIP			
TITLE		□ DELETE	3.1 71	ne		☐ Change	☐ Addition
NAME	.		3.2 N	ME			
STREET ADDRESS	;		3.3 \$7	REET ADDRESS			
CITY-ST-ZIP			3.4. C	TY-ST-ZiP			
TITLE		☐ DELETE	4.1 π	rle		☐ Change	☐ Addition
NAME			4. 2 N	AME			
STREET ADDRESS	1		4.3 \$1	REET ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5,1 TI	TLE		Change	☐ Addition
NAME			5.2 N/	ME			
STREET ADDRESS			5.3 \$1	REET ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			
TITLE	1	. DELETE	6.1 TI	TLE		Change	☐ Addition
NAME			6.2 N	ME			
STREET ADDRESS			6.3 S	REET ADDRESS			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 conforation or the repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corr Block 12 or Block 13 if char

SIGNATURE