## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33768

Entity Name: THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT

COMMUNITY SERVICES ASSOCIATION, INC.

**Current Principal Place of Business:** 

145 PLANTATION DR TITUSVILLE, FL 32780

**Current Mailing Address:** 

145 PLANTATION DR TITUSVILLE, FL 32780 US

FEI Number: 59-2964957 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMB, HIRAM K 100-D PLANTATION DR. TITUSVILLE, FL 32780 US

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

**FILED** Feb 20, 2013

**Secretary of State** 

CC5745036621

Officer/Director Detail:

Title Title DP

Name JACOBS, LYNN Name LODGE, WILLIAM P

Address 145 PLANTATION DR Address 145 PLANTATION DRIVE

City-State-Zip: TITUSVILLE FL 32780 City-State-Zip: TITUSVILLE FL 32780

Title D, VP Title D

Name PLOTKIN, VALERIE Name STEWART, ELAINE

Address 145 PLANTATION DRIVE Address 145 PLANTATION DRIVE

City-State-Zip: TITUSVILLE FL 32780 City-State-Zip: TITUSVILLE FL 32780

Title **DIRECTOR** Title DT

Name QUINTUS, DONALD Name VASSAR, WILLIAM Address 145 PLANTATION DR 145 PLANTATION DR Address City-State-Zip: TITUSVILLE FL 32780

TITUSVILLE FL 32780 City-State-Zip:

**DIRECTOR** Title Title **DIRECTOR** Name UTZ. LINDA Name TURNER, JOHN

Address 145 PLANTATION DR Address 145 PLANTATION DR TITUSVILLE FL 32780 City-State-Zip:

TITUSVILLE FL 32780 City-State-Zip:

Continues on page 2

I hereby 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 all other like empowered.

02/20/2013 SIGNATURE: LYNN JACOBS **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name CHARLES, MEIGS

Address 145 PLANTATION DR

City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR

Name PERRY, ROBERT

Address 145 PLANTATION DR

City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR

Name COMEAU, JOHN

Address 145 PLANTATION DR

City-State-Zip: TITUSVILLE FL 32780