

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005964

Entity Name: THE GREAT OUTDOORS PREMIER R.V./GOLF RESORT X
CONDOMINIUM 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: 59-3361216****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**Officer/Director Detail :**

Title	DP
Name	BREWER, NATHAN
Address	145 PLANTATION DR
City-State-Zip:	TITUSVILLE FL 32780

Title	DS, TREASURER
Name	REMALEY, JOHN
Address	145 PLANTATION DR.
City-State-Zip:	TITUSVILLE FL 32780

Title	D, VP
Name	ENSTAM, ROBERT
Address	145 PLANTATION DR.
City-State-Zip:	TITUSVILLE FL 32780

Title	DIRECTOR
Name	EDGAR, JOANETTE
Address	145 PLANTATION DRIVE
City-State-Zip:	TITUSVILLE FL 32780

Title	DIRECTOR
Name	JASPER, MARIE
Address	145 PLANTATION DRIVE
City-State-Zip:	TITUSVILLE FL 32780

Title	DIRECTOR
Name	NELSEN, RON
Address	145 PLANTATION DRIVE
City-State-Zip:	TITUSVILLE FL 32780

Title	DIRECTOR
Name	YETTER, LEETTA
Address	145 PLANTATION DRIVE
City-State-Zip:	TITUSVILLE FL 32780

Title	DIRECTOR
Name	ZIELINSKI, SANDRA
Address	145 PLANTATION DRIVE
City-State-Zip:	TITUSVILLE FL 32780

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.

SIGNATURE: NATHAN BREWER**PRESIDENT****02/24/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date