# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 05, 2001 8:00 am**
**Secretary of State**
01-31-2001 90320 044 ****61.25

DOCUMENT # 760144

1. Entity Name

OUTRIGGER BEACH CLUB CONDOMINIUM ASSOCIATION, IN

| Principal Place of Business | Mailing Address |
|---|---|
| OUTRIGGER BEACH CLUB<br>215 SOUTH ATLANTIC AVENUE<br>ORMOND BEACH FL 32176 | RDI RESORT SERVICES CORP<br>4960 BLUE LAKE DRIVE<br>BOCA RATON FL 33431<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Bluegreen Resort Management<br>Suite, Apt. #, etc. 4960 Conference Way North Suite 100 |
| City & State | City & State Boca Raton, FL |
| Zip / Country | Zip 33431 / Country U.S.A. |

4. FEI Number 59-2254000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PATRICIA A. LEHR<br>4960 BLUE LAKE DRIVE<br>BOCA RATON FL 33431 | Name: BLUEGREEN RESORTS MANAGEMENT - TISH LEHR<br>Street Address (P.O. Box Number is Not Acceptable): 4960 CONFERENCE WAY NORTH SUITE 100<br>City: BOCA RATON FL Zip Code: 33431 |

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.

SIGNATURE: Patricia A. Lehr, PATRICIA A. LEHR 2-21-01
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>GUILFOYLE, R. R.<br>424 SW CHRISTMAS RD.<br>CHRISTMAS FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Guilfoyle, R.R.<br>424 SW Christmas Rd.<br>Christmas, FL 32709 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BLAIN, DAVID S<br>5401 18TH COURT WEST<br>BRADENTON FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | <br><br><br>Bradenton, FL 34207 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KEIM, JEFFERY J<br>12995 CLEVELAND AVE #164<br>FT. MYERS FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Gilio, Michael<br>20 Tisdale Drive<br>Dover, MA 02030 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>WIDEN, LEONARD<br>2935 N 89TH ST<br>MILWAUKEE WI | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary/Treasurer<br>Widen, Leonard<br>2935 N. 89th St<br>Milwaukee, WI 53222 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MORELLI, WILLIAM S<br>16228 PINE RIDGE DR NORTH<br>FRASER MI | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | <br><br><br>Fraser, MI 48026-5017 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. 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 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: Ronald R. Guilfoyle SIGNATURE REQUIRED RONALD R. GUILFOYLE 3-24-01 407 5682274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #