

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90276 002 ****61.25

DOCUMENT # 760144

1. Entity Name

OUTRIGGER BEACH CLUB CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**OUTRIGGER BEACH CLUB
215 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176**

**BLUEGREEN RESORT MANAGEMENT
4960 CONFERENCE WAY NORTH SUITE 100
BOCA RATON FL 33431
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number, is Not Acceptable)

City

FL

Zip Code

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

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 **P** ☐ Delete
NAME **GUILFOYLE, R. R.**
STREET ADDRESS **424 SW CHRISTMAS RD.**
CITY-ST-ZIP **CHRISTMAS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BLAIN, DAVID S**
STREET ADDRESS **5401 18TH COURT WEST**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GILIO, MICHAEL**
STREET ADDRESS **20 TISDALE DRIVE**
CITY-ST-ZIP **DOVER MA 02030**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **WIDEN, LEONARD**
STREET ADDRESS **2935 N 89TH ST**
CITY-ST-ZIP **MILWAUKEE WI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MORELLI, WILLIAM S**
STREET ADDRESS **16226 PINE RIDGE DR NORTH**
CITY-ST-ZIP **FRASER MI 48026-5017**

TITLE **V** ☒ Change ☐ Addition
NAME **MORELLI, WILLIAM S**
STREET ADDRESS **16226 PINE RIDGE DR NORTH**
CITY-ST-ZIP **FRASER, MI 48026-5017**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Guilfoyle **Ronald Guilfoyle** 407-568-2274

CR2E037 (9/01)