


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90144 002 \*\*\*\*61.25

<b>DOCUMENT # 760144</b> 1. Entity Name <b>OUTRIGGER BEACH CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>OUTRIGGER BEACH CLUB 215 SOUTH ATLANTIC AVENUE ORMOND BEACH, FL 32176</b>			Mailing Address <b>BLUEGREEN RESORT MANAGEMENT 4960 CONFERENCE WAY NORTH SUITE 100 BOCA RATON, FL 33431 US</b>		
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 <b>59-2254000</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLUEGREEN RESORT MANAGEMENT 4960 CONFERENCE WAY NORTH SUITE 100 BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUILFOYLE, R. R.		NAME		
STREET ADDRESS	424 SW CHRISTMAS RD.		STREET ADDRESS		
CITY - ST - ZIP	CHRISTMAS, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAIN, DAVID S		NAME		
STREET ADDRESS	5401 18TH COURT WEST		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL 34207		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIDEN, LEONARD		NAME		
STREET ADDRESS	2935 N 89TH ST		STREET ADDRESS		
CITY - ST - ZIP	MILWAUKEE, WI		CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORELLI, WILLIAM S		NAME		
STREET ADDRESS	16226 PINE RIDGE DR NORTH		STREET ADDRESS		
CITY - ST - ZIP	FRASER, MI 480265017		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUMACHER, RICK		NAME		
STREET ADDRESS	4451 BOLTZ RD SE		STREET ADDRESS		
CITY - ST - ZIP	NEW PHILADELPHIA, OH 44663		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ronald B. Guilfoyle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>April 27, 2006</u> <small>Date</small>		<u>407 568 2274</u> <small>Daytime Phone #</small>