

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 760144**

1. Entity Name  
**OUTRIGGER BEACH CLUB CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**OUTRIGGER BEACH CLUB  
215 SOUTH ATLANTIC AVENUE  
ORMOND BEACH, FL 32176**

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



03272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2254000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUILFOYLE, R. R. 424 SW CHRISTMAS RD. CHRISTMAS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIN, DAVID S 5401 18TH COURT WEST BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WIDEN, LEONARD 2935 N 89TH ST MILWAUKEE, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUMACHER, RICK 4451 BOLTZ RD SE NEW PHILADELPHIA, OH 44663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000932139  
05/22/08-80043-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-912-8129