

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 14, 2009
Secretary of State**

DOCUMENT# N07000011931

Entity Name: OUTRIGGER HARBOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1405 NE INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957

New Principal Place of Business:

Current Mailing Address:

1405 NE INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957

New Mailing Address:

FEI Number: 26-1910442 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCNICHOLAS, MICHAEL J
320 WEST OCEAN BLVD
STUART, FL 34994 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LADD, R. JAMES
Address: 320 WEST OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: DVP () Delete
Name: STRACUZZI, PATRICK
Address: 320 WEST OCEAN BLVD
City-St-Zip: STUART, FL 34994

Title: DS () Delete
Name: MILESI, MITCH
Address: 320 WEST OCEAN BLVD
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LADD, R. JAMES
Address: 1405 NE INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D (X) Change () Addition
Name: NORTH, RICHARD
Address: 1405 NE INDIANCE RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D (X) Change () Addition
Name: HALL, ALVIN
Address: 1405 NE INDIAN RIVER DRIVE
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUZIE BUTLER

Electronic Signature of Signing Officer or Director

LCAM

03/14/2009

Date