

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 760144

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

JENNIFER JOHNSON/BLUEGREEN RESORT MANAGEMENT  
4960 CONFERENCE WAY NORTH SUITE 100  
BOCA RATON, FL 33431 US

**FEI Number:** 59-2254000

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FINN, MICHAEL  
10720 72ND ST.  
SUITE 305  
LARGO, FL 33777 US

*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:** MICHAEL FINN

09/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WIDEN, LEONARD  
Address 215 SOUTH ATLANTIC AVE  
City-State-Zip: ORMOND BEACH FL 32176

Title VP  
Name GLAZER, LAURIE ALLISON  
Address 215 SOUTH ATLANTIC AVE  
City-State-Zip: ORMOND BEACH FL 32176

Title ST/D  
Name MCHUGH, KATHLEEN  
Address 215 SOUTH ATLANTIC AVE  
City-State-Zip: ORMOND BEACH FL 32176

Title D  
Name FINLEY, DUANE  
Address 4960 CONFERENCE WAY NORTH,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR  
Name LEE, JEFFREY  
Address 4960 CONFERENCE WAY NORTH  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHLEEN MCHUGH

ST/D

09/09/2015

