2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731731

FILED Feb 25, 2008 Secretary of State

Entity Name: OUTRIGGER CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1920 SOUTH OCEAN BLVD. DELRAY BEACH, FL 33483 US **Current Mailing Address: New Mailing Address:** %GRANT PROPERTY MGMT. %GRANT PROPERTY MGMT. 1599 NW 9TH AVE., SUITE 2 BOCA RATON, FL 33486 1599 NW 9TH AVE. BOCA RATON, FL 33486 FEI Number: 59-1579830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARKER, KEITH F BARKER, KEITH F 136 E. BÓCA RATON RD. 400 SO. DIXIE HWAY., SUITE 420 BOCA RATON, FL 33432 US BOCA RATON, FL 33432 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: 02/25/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition CONNELL, RICHARD Name: Name: 1920 SOUTH OCEAN BLVD VILLA B Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PORTO, DOUGLAS Name: Address: 1920 SO OCEAN BLVD., VILLA F Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: () Delete Title: () Change () Addition O'MALLEY, DAVID Name: Name: 1920 SO. OCEAN BLVD., APT. 2 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: SPENCE, NANCY Name: 1920 SOUTH OCEAN BLVD VILLA I Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: Title: () Delete () Change () Addition HUFF, DUANE Name: Name: 1920 S. OCEAN BLVD. VILLA H Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip:

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: JOAN GREGORY MGR. 02/25/2008