

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:19

DOCUMENT # **750375** (8)
1. Corporation Name
THE OUTRIGGER OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1555 N. A1A HWY. 1555 N. A1A HWY.
INDIALANTIC FL 32903 INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/26/1979** 3a. Date of Last Report **04/12/1994**
4. FBI Number **59-2023953** Applied For Not Applicable
5. Certificate of Status Desired \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
STRONGONOFF, ROBERT
1555 N HIGHWAY A1A #203
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME STROGONOFF, ROBERT STREET ADDRESS 1555 N A1A #203 CITY - ST - ZIP INDIALANTIC FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME CRISCI, VICTOR STREET ADDRESS 1555 N HIGHWAY A1A #205 CITY - ST - ZIP INDIALANTIC FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST	NAME SAMITAS, DANIEL STREET ADDRESS 1555 N HWY A1A #203 CITY - ST - ZIP INDIALANTIC FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Treasurer SAMITAS, DANIEL 1555 N HWY A1A #203 INDIALANTIC, FL 32903
TITLE D-	NAME GLOVER, EVELYN STREET ADDRESS 1555 N HIGHWAY A1A #101 CITY - ST - ZIP INDIALANTIC FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Secretary Vogeding, Carleen 1555 N. Hwy. A-1-A #302 INDIALANTIC, FL 32903
TITLE D	NAME KELLY, JAMES STREET ADDRESS 1555 N HIGHWAY A1A #403 CITY - ST - ZIP INDIALANTIC FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	6.2 TITLE	
TITLE	NAME	6.3 TITLE	
TITLE	NAME	6.4 TITLE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *[Signature]* **4/17/95** **407-202-2591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone #)