

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750375 (8)

1. Corporation Name

THE OUTRIGGER OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 12/26/1979
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: 59-2023953
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields including Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROGONOFF, ROBERT	1.2 NAME	
STREET ADDRESS	1555 N A1A #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISCI, VICTOR	2.2 NAME	
STREET ADDRESS	1555 N HIGHWAY A1A #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMITAS, DANIEL	3.2 NAME	
STREET ADDRESS	1555 N HWY A1A 203	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGEDING, CARLEEN	4.2 NAME	
STREET ADDRESS	1555 N HWY A1A 302	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JAMES	5.2 NAME	
STREET ADDRESS	1555 N HIGHWAY A1A #403	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)