2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750375

1. Entity Name

FILED Jan 19, 2001 8:00 am Secretary of State

THE OUTRIGGER OWNERS ASSOCIA	01-19	9-2001 90090 019 *	***61.25				
Principal Place of Business	Mailing Address		<u> </u>				
1555 N. A1A HWY. INDIALANTIC FL 32903 1555 N. A1A HWY INDIALANTIC FL 32903				U0006232			
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & State		<u>. </u>	4. FEI Number	4. FEI Number S9-2023953 Applied For Not Applicable			
Zip Country	Zip	Country	5. Certificate of S		\$9.75 Additional		
6. Name and Address of Current I	Registered Agent		7. Name and Ad	idress of New Registered			
		Name					
VOGEDING, CARLEEN			Street Address (P.O. Box Number is Not Acceptable)				
1555 N HWY A1A #302 INDIALANTIC FL 32903							
11.00.00 11.110 12.0000		City		F	Zip Code	•	
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent a		E: Registered Agent signature req		DATE			
FILE NOW: FEE IS \$61.25			5.00 May Be Ided to Fees				
10. OFFICERS AND DIR	RECTORS	11.	ADDITIONS/CHANG	GES TO OFFICERS AND D	DIRECTORS IN	10	
TITLE P NAME MORNEAU, ROBERT STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE VP NAME VOGEDING, CARLEEN STREET ADDRESS 1555 N HWY A1A #302	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• •		☐ Change	Addition	
INDIALANTIC FL 32903 ST	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE D NAME GEIGER, GEORGE STREET ADDRESS CITY- ST-ZIP INDIALANTIC FL 32903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i i		☐ Change	Addition	
TITLE D NAME KELLY, JAMES STREET ADDRESS 1555 N HIGHWAY A1A #403 INDIALANTIC FL	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with indicated on this report or supplemental report is	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

12.) hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

107/01 734-6908
Date Dayline Phone #