


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90180 043 ****61.25

DOCUMENT # 750375

1. Entity 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**

J0066630



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01272005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-2023953

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VOGEDING, CARLEEN
1555 N HWY A1A #302
INDIALANTIC, FL 32903

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> Delete
NAME MORNEAU, ROBERT	
STREET ADDRESS 1555 N HWY A1A #501	
CITY-ST-ZIP INDIALANTIC, FL 32903	
TITLE VP	<input type="checkbox"/> Delete
NAME VOGEDING, CARLEEN	
STREET ADDRESS 1555 N HWY A1A #302	
CITY-ST-ZIP INDIALANTIC, FL 32903	
TITLE ST D	<input type="checkbox"/> Delete
NAME MARTIN, KAY	
STREET ADDRESS 1555 N HWY A1A #404	
CITY-ST-ZIP INDIALANTIC, FL 32903	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME DRESKIN, RONALD	
STREET ADDRESS 1555 N HWY A1A #204	
CITY-ST-ZIP INDIALANTIC, FL 32903	
TITLE S	<input type="checkbox"/> Delete
NAME DALY, KATHY	
STREET ADDRESS 1555 N A1A #503	
CITY-ST-ZIP INDIALANTIC, FL 32903	
TITLE VP	<input type="checkbox"/> Delete
NAME OLGA CARPENTER	
STREET ADDRESS 336 S. HAMPTON DR	
CITY-ST-ZIP INDIALANTIC, FL 32903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VOGEDING, CARLEEN	
STREET ADDRESS 1555 N. HWY A1A # 302	
CITY-ST-ZIP INDIALANTIC, FL 32903	
TITLE She's a Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE She's Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STUART MC ELWAIN	
STREET ADDRESS 2855 E. BARRACUE Rd	
CITY-ST-ZIP MERCED, CA 95340	

12. I 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: Carleen A. Vogeding Date: 2/18/05 321-768-2767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARLEEN A. VOGEDING

X 210 (WORK)