

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750375

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: THE OUTRIGGER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1555 N. A1A HWY.  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

1555 N. A1A HWY.  
INDIALANTIC, FL 32903

**New Mailing Address:**

FEI Number: 59-2023953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: MORNEAU, ROBERT  
Address: 38 COVES END ROAD  
City-St-Zip: WOLFBORO, NH 03894

Title: PRES ( ) Delete  
Name: VOGEDING, CARLEEN  
Address: 1555 N HWY A1A #302  
City-St-Zip: INDIALANTIC, FL 32903

Title: STD ( ) Delete  
Name: MARTIN, KAY  
Address: 1555 N HWY A1A #404  
City-St-Zip: INDIALANTIC, FL 32903

Title: D ( ) Delete  
Name: MCELWAIN, STUART  
Address: 2855 EAST BELLEVUE ROAD  
City-St-Zip: MERCED, CA 95340

Title: SD ( ) Delete  
Name: DALY, KATHY  
Address: 1555 N A1A #503  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CARLEEN A. VOGEDING

PRES

03/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date