

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750375

FILED  
Jan 05, 2010  
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  
Name: MORNEAU, ROBERT  
Address: 38 COVES END ROAD  
City-St-Zip: WOLFBORO, NH 03894

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

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

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

Title: SD  
Name: SCHIELTZ, NANCY  
Address: 1555 N A1A #405  
City-St-Zip: INDIALANTIC, FL 32903

I hereby 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 all other like empowered.

SIGNATURE: CARLEEN A. VOGEDING

PRES

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date