

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750375

FILED
Jan 21, 2011
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:

1555 N. HIGHWAY A1A
INDIALANTIC, FL 32903

Current Mailing Address:

1555 N. A1A HWY.
INDIALANTIC, FL 32903

New Mailing Address:

1555 N. HIGHWAY A1A
INDIALANTIC, FL 32903

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: TREA
Name: SCHIELTZ, NANCY
Address: 739 CAMINO LAKES CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: D
Name: DRESKIN, ANNA
Address: 1555 N. HIGHWAY A1A #204
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: NANCY SCHIELTZ

TREA

01/21/2011

Electronic Signature of Signing Officer or Director

Date