

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

|                                             |                                                                                                                                                                                         |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # N30321 (6)**

1. Corporation Name  
**OUTRIGGER HOMEOWNERS' ASSOCIATION, INC.**

APPROVED  
AND  
FILED

95 APR -6 AM 6:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                 |                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1890 S. 14TH ST., SUITE 105<br/>P.O. BOX 1408<br/>FERNANDINA BCH FL 32034</b> | Mailing Address<br><b>1890 S. 14TH ST., SUITE 105<br/>P.O. BOX 1408<br/>FERNANDINA BCH FL 32034</b> |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                              |                                               |
|--------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><b>21 2215 East SR 200</b> | 2a. Mailing Address<br><b>26 P O Box 1408</b> |
| Suite, Apt. #, etc.<br><b>22</b>                             | Suite, Apt. #, etc.<br><b>27</b>              |
| City & State<br><b>23 Yulee FL</b>                           | City & State<br><b>28 Fernandina Beach FL</b> |
| Zip<br><b>24 32097</b>                                       | Country<br><b>25 VS</b>                       |
|                                                              | Country<br><b>30 US</b>                       |

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/24/1989</b>                                                                                                         | 3a. Date of Last Report<br><b>03/28/1994</b>           |
| 4. FEI Number<br><b>59-2979232</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input type="checkbox"/>                                                                               | <b>\$68.75 Supplemental Fee Not Required</b>           |
| 8. This corporation has liability for intangible tax under S. 199.032.<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

9. Name and Address of Current Registered Agent

**POWELL, TERRELL J  
1890 S 14TH ST., SUITE 105  
FERNANDINA BCH FL 32034**

10. Name and Address of New Registered Agent

|                                                       |                         |
|-------------------------------------------------------|-------------------------|
| 81 Name                                               |                         |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>2215 East SR 200</b> |
| 83                                                    |                         |
| 84 City                                               | <b>Yulee FL</b>         |
| 85 Zip Code                                           | <b>32097</b>            |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | D                                   | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SANDS, JAMES U.                     | 12 NAME                                               |                                                                              |
| STREET ADDRESS             | 5456 FIRST COAST HWY                | 13 STREET ADDRESS                                     |                                                                              |
| CITY - ST - ZIP            | FERNANDINA BEACH FL                 | 14 CITY - ST - ZIP                                    |                                                                              |
| TITLE                      | VD                                  | 21 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BADENOCH, JIM                       | 22 NAME                                               | DELETE                                                                       |
| STREET ADDRESS             | 5082 OUTRIGGER DR.                  | 23 STREET ADDRESS                                     |                                                                              |
| CITY - ST - ZIP            | FERNANDINA BEACH FL                 | 24 CITY - ST - ZIP                                    |                                                                              |
| TITLE                      | PD                                  | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PICKREN, DESIREE                    | 32 NAME                                               | DELETE                                                                       |
| STREET ADDRESS             | 4191 PALOMO POINT CT                | 33 STREET ADDRESS                                     |                                                                              |
| CITY - ST - ZIP            | JACKSONVILLE FL                     | 34 CITY - ST - ZIP                                    |                                                                              |
| TITLE                      | P                                   | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <del>JOHNSON, MARTIN</del>          | 42 NAME                                               | DELETE                                                                       |
| STREET ADDRESS             | <del>8540 SOUTH FLETCHER AVE.</del> | 43 STREET ADDRESS                                     |                                                                              |
| CITY - ST - ZIP            | FERNANDINA BEACH FL                 | 44 CITY - ST - ZIP                                    |                                                                              |
| TITLE                      |                                     | 51 TITLE                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                     | 52 NAME                                               | Ward, Frederick                                                              |
| STREET ADDRESS             |                                     | 53 STREET ADDRESS                                     | 310 Greenway                                                                 |
| CITY - ST - ZIP            |                                     | 54 CITY - ST - ZIP                                    | Bel Air MD 21014                                                             |
| TITLE                      |                                     | 61 TITLE                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                     | 62 NAME                                               | T KORSAG, KEITH                                                              |
| STREET ADDRESS             |                                     | 63 STREET ADDRESS                                     | 5456 First Coast Hwy                                                         |
| CITY - ST - ZIP            |                                     | 64 CITY - ST - ZIP                                    | Fernandina Beach FL                                                          |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 170.07(d)(6), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  JAMES U. SANDS 3/23/95 904-261-0624

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR