

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90072 007 ****61.25

DOCUMENT # N30321

1. Entity Name

OUTRIGGER HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2215 EAST SR 200
YULEE FL 32097
US

Mailing Address

PO BOX 1987
YULEE FL 32097-1987
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2979232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, TERRELL J
2215 EAST SR 200
YULEE FL 32097

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **SANDS, JAMES U.**
STREET ADDRESS **5456 FIRST COAST HWY**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Hayes, William**
STREET ADDRESS **5080 Outrigger Dr.**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **D** ☒ Delete
NAME **HAYES, WILLIAM**
STREET ADDRESS **5080 OUTRIGGER DR**
CITY-ST-ZIP **FERNANDINA BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D** ☐ Delete
NAME **KORSAG, KEITH**
STREET ADDRESS **5456 FIRST COAST HWY.**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

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: *W. Hayes* **WM G. Hayes President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/01 904 321 1544

CR2E037 (10/00)