

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750375

**Entity Name:** THE OUTRIGGER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2060 HWY A1A  
303  
INDIAN HARBOUR BEACH, FL 32937

**Current Mailing Address:**

2060 HWY A1A  
303  
INDIAN HARBOUR BEACH, FL 32937 US

**FEI Number: 59-2023953**

**Certificate of Status Desired: No**

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

CAM MGT LLC  
2060 HWY A1A  
303  
INDIAN HARBOUR BEACH, FL 32937 US

*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: LIEF JOHNSON**

**04/10/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DALY, KATHY  
Address 2060 HWY A1A  
303  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title SECRETARY  
Name MOUW, PEGGY  
Address 2060 HWY A1A  
303  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title TREASURER  
Name FOUST, MARIE  
Address 2060 HWY A1A  
303  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title PRESIDENT  
Name SANDERS, GREG  
Address 2060 HWY A1A  
303  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title DIRECTOR  
Name VERLANDER, MICHAEL  
Address 2060 HWY A1A  
303  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title MANAGER  
Name JOHNSON, LIEF  
Address 2060 HWY A1A  
303  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

*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: LIEF JOHNSON**

**MANAGER**

**04/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date