

**2023 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:**

KEALEY, JIM MANAGER  
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: JIM KEALEY**

**02/22/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
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            VP  
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            KEALEY, JIM  
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: JIM KEALEY**

**MANAGER**

**02/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date