

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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000001589 (8)**

1. Corporation Name

**FLORIDA GULF COAST HARLEY OWNERS GROUP, INC.**



Principal Place of Business      Mailing Address  
5989 HAINES ROAD      5989 HAINES ROAD  
ST. PETERSBURG FL 33714      ST. PETERSBURG FL 33714-1439

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/18/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	Country	29	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ROSENKRANS, JAMILOU  
5989 HAINES ROAD  
ST. PETERSBURG FL 33714**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>DOBOSZ, STEPHEN D</del>	1.2 NAME	Dennis Allen
STREET ADDRESS	5989 HAINES ROAD	1.3 STREET ADDRESS	5989 Haines Road
CITY-ST-ZIP	ST. PETERSBURG FL 33714	1.4 CITY-ST-ZIP	St. Petersburg, Fl 33714
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BYERS, MICHAEL F</del>	2.2 NAME	Tom Rountree
STREET ADDRESS	5989 HAINES ROAD	2.3 STREET ADDRESS	5989 Haines Road
CITY-ST-ZIP	ST. PETERSBURG FL 33714	2.4 CITY-ST-ZIP	St. Petersburg, Fl 33714
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MCINTYRE, DORIS</del>	3.2 NAME	Elayne Turner
STREET ADDRESS	5989 HAINES ROAD	3.3 STREET ADDRESS	5989 Haines Road
CITY-ST-ZIP	ST. PETERSBURG FL 33714	3.4 CITY-ST-ZIP	St. Petersburg, Fl 33714
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	LUCKHAM, SCOTT	4.2 NAME	
STREET ADDRESS	5989 HAINES ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:** *Scott Luckham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Scott Luckham, Treasurer**

02/03/97 (813) 345-9559

Date Daytime Phone # 0051044

CR2E037 (9/96)