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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 03/18/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

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

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	DOBOSZ, STEPHEN D	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	BYERS, MICHAEL F	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	MCINTYRE, DORIS	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)