


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90028 021 ****70.00

DOCUMENT # 734466

1. Entity Name
TRI-COUNTY BMW RIDERS, INC.



Principal Place of Business
**828 HANSEN STREET
 WEST PALM BEACH, FL 33405**

Mailing Address
**828 HANSEN STREET
 WEST PALM BEACH, FL 33405**

60007136



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2513589

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, CLARK K.
 828 HANSEN ST
 WEST PALM BEACH, FL 33405**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODBURN, DAVID		NAME	DAVID MCCUNE	
STREET ADDRESS	918 OKLAWAHA AVE		STREET ADDRESS	4109 LAKEWOOD RD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUSCATO, MIKE		NAME	Ray Snoot	
STREET ADDRESS	12400 NW 15 ST APT 1104		STREET ADDRESS	1001 ABOCET RD	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Delray Beach, FL 33447	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIST, FRED		NAME		
STREET ADDRESS	701 61ST ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERS, CHARLES		NAME		
STREET ADDRESS	751 OCEAN DR #2		STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUBERGER, CLIFFORD		NAME		
STREET ADDRESS	774 OHANAHAN PL		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, CLARK K		NAME		
STREET ADDRESS	828 HANGEN ST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Clark K Campbell **CLARK K. Campbell** 1/11/06 561-588-7154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #