


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
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600007136



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2513589	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAMPBELL, CLARK K. 828 HANSEN ST WEST PALM BEACH, FL 33405		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 SMOOT		
STREET ADDRESS	12400 NW 15 ST APT 1104			STREET ADDRESS	1001 ADOCEY RD		
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	DELAWARE, FL 33441		
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 #