2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 16, 2004 8:00 am **Secretary of State** DOCUMENT # N01000001832 1. Entity Name 03-16-2004 90027 011 ****70.00 VIETNAM VETS MOTORCYCLE CLUB SE PROPERTIES. INC. Principal Place of Business Mailing Address 8260 PASCAL DR PUNTA GORDA FL 33950 860 DENTON RD 14000140 **DELAND FL** 3. Mailing Address RD 2. Principal Place of Business 860 MENTON Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-1092055 /ERSON Not Applicable zip 32180 \$8.75 Additional 5. Certificate of Status Desired Volusia Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OAKS, DAVID K ESQ Street Address (P.O. Box Number is Not Acceptable) 407 E MARION AVE, STE 101 PUNTA GORDA FL 33950 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Addition TITLE ☐ Delete ☐ Change WASILEK, THOMAS KIDD, AlexANDER NAME NAME 37390 SW212AVE 165 HOLLY HILL RD STREET ADDRESS STREET ADDRESS CHAPEL HILL NC 27516 FLORIDA CITY, Fla 33034 CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE BEOMENTON Rd MENZER HANS NAME NAME P.O. BOX 512128 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33951-2138 CITY-ST-ZIP CITY-ST-ZIP PIERSON Fla 32180 'nΤ TITLE ☐ Delete Change TITLE Addition KINDER, LES 🥌 NAME NAME 16895 SW 208 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33177 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE KIDDSALEXANDER NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 after like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

SIGNATURE:

FILED