

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90022 004 \*\*\*\*61.25

<b>DOCUMENT # N01000002787</b> 1. Entity Name <b>HARLEY OWNERS GROUP - CRYSTAL RIVER, FLORIDA CHAPTER, INC.</b>					
Principal Place of Business <b>1785 S SUNCOAST BLVD HOMOSASSA, FL 34448</b>			Mailing Address <b>1785 S SUNCOAST BLVD HOMOSASSA, FL 34448</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KELLEY, DEREK D 1785 S SUNCOAST BLVD HOMOSASSA, FL 34448</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR WARREN, HILL 1785 S SUNCOAST BLVD HOMOSASSA, FL 34429		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CAPPUCCIO, CAROL 11289 YELLOWTAIL AVE BROOKSVILLE, FL 34614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GAIL NOLL 7735 FOUNTAINHEAD DR. CITRUS SPRINGS FL 34433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CAPPUCCIO, CAROL 11289 YELLOW TAIL AVENUE BROOKSVILLE, FL 34614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DEB DRISKILL 8601 S. SHADY PK. FLORAL CITY FL 34436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPUCCIO, JR., THOMAS 11289 YELLOW TAIL AVE BROOKSVILLE, FL 34614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cheryl Jorgenson 6975 W. ADOLPH ST CRYSTAL RIVER FL 34429	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD GREEN, GLEN 6379 N. SETTLER DR BEVERLY HILLS, FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. DIRECTOR RALPH TROWBRIDGE 2900 N CLEMENTS AVE HERNANDO, FL 34442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <i>Warren Hill</i> <b>3/16/06</b> <b>352-563-9900</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					