

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002787

FILED  
May 15, 2009  
Secretary of State

**Entity Name:** HARLEY OWNERS GROUP - CRYSTAL RIVER, FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

1785 S SUNCOAST BLVD  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

**Current Mailing Address:**

1785 S SUNCOAST BLVD  
HOMOSASSA, FL 34448

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KELLEY, DEREK D  
1785 S SUNCOAST BLVD  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: WARREN, HILL  
Address: 1785 S SUNCOAST BLVD  
City-St-Zip: HOMOSASSA, FL 34429

Title: TR ( ) Delete  
Name: NOLL, GAIL  
Address: 7735 FOUNTAINHEAD DR  
City-St-Zip: DUNNELLON, FL 34433

Title: ADS ( ) Delete  
Name: COOLBAUGH, STANLEY  
Address: 2661 W VENTURA LN  
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: D ( ) Delete  
Name: TROWBRIDGE, RALPH  
Address: 2900 B CLEMONS AVE  
City-St-Zip: HERNANDO, FL 34442

Title: S ( ) Delete  
Name: STANGANELLI, TONI  
Address: 1248 W SKYVIEW CROSSING DR  
City-St-Zip: HERNANDO, FL 34442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: COOLBAUGH, STANLEY  
Address: 2661 W VENTURA LN  
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: AD (X) Change ( ) Addition  
Name: LINSTROM, RUSSELL  
Address: 3609 N. PALOMINO TERR  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S (X) Change ( ) Addition  
Name: WILSON, GAIL  
Address: 1049 TOURNAMENT DR  
City-St-Zip: SPRINGHILL, FL 34608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL NOLL

TR

05/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date