

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000611

FILED  
May 24, 2006  
Secretary of State

**Entity Name:** FLORIDA HARLEY-DAVIDSON DEALERS ASSOCIATION, INC.

**Current Principal Place of Business:**

335 BEARD STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14629  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 20-2772043      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

SKROB, ROBERT R  
335 BEARD STREET  
TALLAHASSEE, FL 32303      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: P      ( ) Delete  
Name: FISCHER, SCOTT  
Address: 2160 COLONIAL BLVD.  
City-St-Zip: FT. MYERS, FL 33907

Title: T      ( ) Delete  
Name: FARRIOR, PRESTON  
Address: 1306 WEST KENNEDY BLVD  
City-St-Zip: TAMPA, FL 33606

Title: S      ( ) Delete  
Name: ROSENKRANS, JAMIE  
Address: 2805 54TH AVE N.  
City-St-Zip: ST. PETERSBURG, FL 33714

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT SKROB

D

05/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date