

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003055

FILED
Jan 08, 2008
Secretary of State

Entity Name: NAPLES PARADISE H.O.G. CHAPTER, INC.

Current Principal Place of Business:

3645 GATEWAY LANE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

3645 GATEWAY LANE
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-8696213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLEGUE, KENT
15041 SPINAKER CT
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

HARLEY DAVIDSON
3645 GATEWAY LANE
NAPLES, FL 34109 US

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: KENT KOLEGUE

01/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KINDERMAN, ANITA
Address: 303 CYPRESS WAY WEST
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: KOLEGUE, KENT
Address: 15041 SPINAKER CT
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: SZCZEPKOWSKI, KAREN
Address: 4712 31ST PLACE SW
City-St-Zip: NAPLES, FL 34116

Title: D () Delete
Name: FISHER, SCOTT
Address: 3645 GATEWAY LANE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: SZCZEPKOWSKI, BILL
Address: 4712 31ST PLACE SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SZCZEPKOWSKI, BILL
Address: 4712 31ST PLACE SW
City-St-Zip: NAPLES, FL 34116

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

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

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

Title: D (X) Change () Addition
Name: FORRESTER, MIKE
Address: 2200 OUTRIGGER LANE
City-St-Zip: NAPLES, FL 34104

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: KENT KOLEGUE

T

01/08/2008

Electronic Signature of Signing Officer or Director

Date