
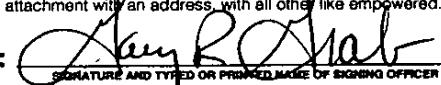


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90043 004 ****61.25

DOCUMENT # N38594 1. Entity Name HARLEY OWNERS GROUP ST. AUGUSTINE CHAPTER, INC.					
Principal Place of Business 2575 STATE ROAD 16 SAINT AUGUSTINE, FL 32092 US			Mailing Address 2575 STATE ROAD 16 SAINT AUGUSTINE, FL 32092 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3014211	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAB, GARY 58 N ST. AUGUSTINE BLVD. SAINT AUGUSTINE, FL 32080			Name Street Address (P.O. Box Number is Not Acceptable) City		
			City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAB, GARY		NAME		
STREET ADDRESS	58 N ST. AUGUSTINE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLINGSWORTH, JAMES A		NAME		
STREET ADDRESS	2575 STATE ROAD 16		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLATZ, CAROLYN		NAME	SD SARA GUICE	
STREET ADDRESS	152 TURTLE BAY LANE		STREET ADDRESS	1949 South 16A	
CITY-ST-ZIP	8 PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			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 all other like empowered.					
SIGNATURE:  GARY R. GRAB Jan. 12, 2005 904-810-0708					