

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38594

FILED  
Mar 12, 2007  
Secretary of State

**Entity Name:** HARLEY OWNERS GROUP ST. AUGUSTINE CHAPTER, INC.

**Current Principal Place of Business:**

2575 STATE ROAD 16  
SAINT AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

**Current Mailing Address:**

2575 STATE ROAD 16  
SAINT AUGUSTINE, FL 32092 US

**New Mailing Address:**

**FEI Number:** 59-3014211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAB, GARY  
58 N ST. AUGUSTINE BLVD.  
SAINT AUGUSTINE, FL 32080 US

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

DRISCOLL, JOSEPH A JR  
1 SEASIDE CT  
PALM COAST, FL 32164 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: JOSEPH A. DRISCOLL JR.

03/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GRAB, GARY  
Address: 58 N ST. AUGUSTINE BLVD.  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD ( ) Delete  
Name: HOLLINGSWORTH, JAMES A  
Address: 2575 STATE ROAD 16  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD ( ) Delete  
Name: GUICE, SARA  
Address: 1949 SOUTH 16 A  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

Title: D (X) Change ( ) Addition  
Name: DRISCOLL, JOSEPH A JR  
Address: 1 SEASIDE CT  
City-St-Zip: PALM COAST, FL 32164

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: JOSEPH A. DRISCOLL JR.

DIR

03/12/2007

Electronic Signature of Signing Officer or Director

Date