2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008
Secretary of State

DOCUMENT# N38594

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 (X)**

Name and Address of Current Registered Agent:

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

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

Title: SD (X) Change ( ) Addition
Name: VITULLI, CLARK OWNER
Address: 2575 STATE ROAD 16
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD (X) Change ( ) Addition
Name: GOOD, ALLEN OWNER
Address: 2575 STATE ROAD 16
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: JOSEPH A DRISCOLL JR D 03/17/2008

Electronic Signature of Signing Officer or Director — Date