

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38663

FILED
Apr 17, 2006
Secretary of State

Entity Name: SEMINOLE COUNTY HARLEY OWNERS GROUP, INC.

Current Principal Place of Business:

400 STATE ROAD 436 STE 202
CASSELBERRY, FL 32707 US

New Principal Place of Business:

620 HICKMAN CIRCLE
SANFORD, FL 32771 US

Current Mailing Address:

400 STATE ROAD 436 STE 202
950 S. WINTER PARK DRIVE
CASSELBERRY, FL 32707 US

New Mailing Address:

620 HICKMAN CIRCLE
SANFORD, FL 32771 US

FEI Number: 59-3067124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JOSEPH W II
400 STATE ROAD 436 STE 202
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

JACOBS, ROBERT
620 HICKMAN CIRCLE
SANFORD, FL 32771 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: ROBERT JACOBS

04/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOUDREAU, MICHAEL
Address: 1096 EAGLES WATCH TRL.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD () Delete
Name: DAHL, ERIC
Address: 108 AMBERGLOW CT
City-St-Zip: DEBARY, FL 32713

Title: TD () Delete
Name: JOHNSON, CHARLES
Address: 789 MUSAGO RUN
City-St-Zip: LAKE MARY, FL 32746

Title: SD () Delete
Name: GOUDREAU, TERESA
Address: 1096 EAGLES WATCH TRL.
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HART, SAM
Address: 161 SOUTH TRIPLET LAKE DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: VD (X) Change () Addition
Name: CLAWSON, GEORGIA
Address: 111 LARKSPUR DR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: SD (X) Change () Addition
Name: FRAME, DAVID
Address: 307 OAK LEAF CIRCLE
City-St-Zip: LAKE MARY, FL 32746

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: DAVID FRAME

SD

04/17/2006

Electronic Signature of Signing Officer or Director

Date