

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38663

FILED
Feb 05, 2008
Secretary of State

Entity Name: SEMINOLE COUNTY HARLEY OWNERS GROUP, INC.

Current Principal Place of Business:

620 HICKMAN CIRCLE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

620 HICKMAN CIRCLE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-3067124

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, ROBERT
620 HICKMAN CIRCLE
SANFORD, FL 32771 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: PD () Delete
Name: MARINELLI, JOHN
Address: 253 LINDA VISTA DRIVE
City-St-Zip: DEBARY, FL 32713

Title: VD () Delete
Name: FRAME, DAVID
Address: 307 OAK LEAF CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: TD () Delete
Name: STENSTROM, LAURA
Address: 308 LAKE BLVD
City-St-Zip: SANFORD, FL 32773

Title: SD () Delete
Name: BRADY, RONALD E JR
Address: 2030 SEPLER DRIVE
City-St-Zip: FERN PARK, FL 32730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STENSTRON, LORA
Address: 308 LAKE BLVD.
City-St-Zip: SANFORD, FL 32773

Title: VD (X) Change () Addition
Name: HEATON, BRAD
Address: 2008 COTSWOLD DR.
City-St-Zip: ORLANDO, FL 32825

Title: TD (X) Change () Addition
Name: ALLEN, FRANKLIN
Address: 205 FLAME AVE.
City-St-Zip: MAITLAND, FL 32751

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

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: FRANKLIN ALLEN

TD

02/05/2008

Electronic Signature of Signing Officer or Director

Date