2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38663

FILED Jan 23, 2009 Secretary of State

Entity Name: SEMINOLE COUNTY HARLEY OWNERS GROUP, INC.

Current Principal Place of Business: New Principal Place of Business:

620 HICKMAN CIRCLE SANFORD, FL 32771 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

JACOBS, ROBERT

620 HICKMAN CIRCLE
SANFORD, FL 32771 US

JACOBS, STEVE
620 HICKMAN CIRCLE
SANFORD, FL 32771 US

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: STEVE JACOBS 01/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: STENSTRON, LORA Name: HEATON, BRAD

 Name:
 STENSTRON, ECRA
 Name:
 FIEATON, BRAD

 Address:
 308 LAKE BLVD.
 Address:
 2008 COTSWOLD

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:
 ORLANDO, FL 32825

Title: VD () Delete Title: VD (X) Change () Addition Name: HEATON, BRAD Name: DIGIACOMO, NICK

Address: 2008 COTSWOLD DR. Address: 728 WINDWILLOW CR. City-St-Zip: ORLANDO, FL 32825 City-St-Zip: WINTER SPRINGS, FL 32825

Title: TD () Delete Title: () Change () Addition Name: ALLEN, FRANKLIN Name:

 Name:
 ALLEN, FRANKLIN
 Name:

 Address:
 205 FLAME AVE.
 Address:

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 BRADY, RONALD E JR
 Name:
 CINDY, MILLER

 Address:
 2030 SEPLER DRIVE
 Address:
 1625 LANSFIELD AVE.

 City-St-Zip:
 FERN PARK, FL 32730
 City-St-Zip:
 DELTONA, FL 32738-532

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 T. ALLEN TR 01/23/2009