

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38663

**FILED**  
**Feb 15, 2010**  
**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:**

PO. BOX 181219  
CASSELBERRY, FL 32751 US

**FEI Number:** 59-3067124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACOBS, STEVE  
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  
Name: HEATON, BRAD  
Address: 2008 COTSWOLD  
City-St-Zip: ORLANDO, FL 32825

Title: VD  
Name: DIGIACOMO, NICK  
Address: 728 WINDWILLOW CR.  
City-St-Zip: WINTER SPRINGS, FL 32825

Title: TD  
Name: ALLEN, FRANKLIN  
Address: 205 FLAME AVE.  
City-St-Zip: MAITLAND, FL 32751

Title: SD  
Name: CINDY, MILLER  
Address: 1625 LANSFIELD AVE.  
City-St-Zip: DELTONA, FL 32738

I hereby 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 all other like empowered.

**SIGNATURE:** FRANKLIN T. ALLEN

TD

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date