

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38663

**FILED**  
**Mar 06, 2012**  
**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:**

PO. BOX 520995  
LONGWOOD, FL 32750 US

**New Mailing Address:**

**FEI Number:** 59-3067124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CICCONI, JOE  
669 WYCKLIFFE PLACE  
WINTER SPRINGS, FL 32708 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  
**Name:** GOUDREAU, MIKE  
**Address:** 1096 EAGLES WATCH TRAIL  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** AD  
**Name:** KANTZ, MATT  
**Address:** 281 ADELAIDE ST  
**City-St-Zip:** DEBARY, FL 32713

**Title:** T  
**Name:** CICCONI, JOE  
**Address:** 669 WYCKLIFFE PLACE  
**City-St-Zip:** WINTER SPRINGS, FL 32708

**Title:** S  
**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:** JOE CICCONI

T

03/06/2012

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

\_\_\_\_\_  
Date