

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 OCT 23 PM 4:25

DOCUMENT # N97000006682 (5)

1. Corporation Name

TREASURE COAST STUART, FLORIDA CHAPTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

C/O HARLEY DAVIDSON OF STUART, INC.
4260 SOUTHEAST FEDERAL HIGHWAY
STUART FL 34997

C/O HARLEY DAVIDSON OF STUART, INC.
4260 SOUTHEAST FEDERAL HIGHWAY
STUART FL 34997

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

65-0788743

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

300002675253--2

SERAKAS, KARIN

-10/29/98--01005--005

C/O HARLEY DAVIDSON OF STUART, INC. *****61.25

4260 SOUTHEAST FEDERAL HIGHWAY

STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

AARON PATRICK

82 Street Address (P.O. Box Number is Not Acceptable)

90 TREASURE COAST HARLEY DAVIDSON

83

4260 SE FEDERAL HIGHWAY

84 City

STUART

FL

85 Zip Code

34997

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SERAKAS, KARIN
STREET ADDRESS 4570 N.E. INDIAN RIVER DRIVE
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D ☒ DELETE

NAME SERAKAS, KENNETH
STREET ADDRESS 4570 N.E. INDIAN RIVER DRIVE
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE D ☒ DELETE

NAME ROY, CLAUDETTE
STREET ADDRESS 2308 S.E. HOLLAND STREET
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☐ DELETE

NAME SNELSON, CHARLES
STREET ADDRESS 4685 S.E. BASSWOOD TERRACE
CITY-ST-ZIP STUART FL 34997

TITLE T ☐ DELETE

NAME KING, SUSAN
STREET ADDRESS 7019 EDGEMERE TERRACE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE S ☒ DELETE

NAME NESSMITH, PAULA
STREET ADDRESS 1401 SUMMERWINDS LANE
CITY-ST-ZIP JUPITER FL 33458

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME AARON PATRICK
1.3 STREET ADDRESS 4260 SE Federal Hwy
1.4 CITY-ST-ZIP STUART, FL 34997

2.1 TITLE P ☒ Change ☒ Addition

2.2 NAME LESLIE SPURLOCK
2.3 STREET ADDRESS 6094 SE ORANGE BLOSSOM TRAIL
2.4 CITY-ST-ZIP HOBE SOUND, FL 33455

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME JILL SNELSON
3.3 STREET ADDRESS 4685 SE BASSWOOD TERR.
3.4 CITY-ST-ZIP STUART, FL 34997

4.1 TITLE ☒ Change ☒ Addition

4.2 NAME JACK HASSON
4.3 STREET ADDRESS 2871 SE Monroe Street
4.4 CITY-ST-ZIP Stuart, FL 34997

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME MARYANN CANTIN
5.3 STREET ADDRESS 4727 SE COPPERWOOD TERRACE
5.4 CITY-ST-ZIP STUART, FL 34997

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME JUDY MORRIS
6.3 STREET ADDRESS 1585 NE BEACON DRIVE
6.4 CITY-ST-ZIP JENSEN BEACH FL 34957

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/26/98 561-221-7915
Date Daytime Phone #

0011922

CR2E037 (5/98)