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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006682

1. Corporation Name

TREASURE COAST STUART, FLORIDA CHAPTER, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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**

9. Name and Address of Current Registered Agent

PATRICK, AARON
C/O TREASURE COAST HARLEY DAVIDSON
4260 SOUTHEAST FEDERAL HIGHWAY
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 **PATRICK, AARON**
STREET ADDRESS **4260 SE FEDERAL HIGHWAY**
CITY-ST-ZIP **STUART FL 34997**

TITLE **D** ☒ DELETE
NAME **SPURLOCK, LESLIE**
STREET ADDRESS **6094 SE ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **STUART FL 33455**

TITLE **D** ☒ DELETE
NAME **SNELSON, JILL**
STREET ADDRESS **4685 SE BASSWOOD TERR**
CITY-ST-ZIP **STUART FL 34997**

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 EDGEWATER TERRACE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **T** ☐ DELETE
NAME **HASSON, JACK**
STREET ADDRESS **2871 SE MONROE STREET**
CITY-ST-ZIP **STUART FL 34997**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☒ Addition

☒ Change ☒ Addition

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☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

MARY-ANN CANTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/89 (561) 223-9647
Date Daytime Phone #

CR2E037 (1/98)