

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90039 034 \*\*\*\*61.25

**DOCUMENT # N97000006682**

1. Entity 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

3. Mailing Address

*C/o Harley-Davidson of Stuart, Inc.*  
Suite, Apt. #, etc.  
*4967 SE Federal Highway*  
City & State  
*Stuart, FL*  
Zip  
*34997*  
Country  
*USA*

*C/o Harley-Davidson of Stuart, Inc.*  
Suite, Apt. #, etc.  
*4967 SE Federal Highway*  
City & State  
*Stuart, FL*  
Zip  
*34997*  
Country  
*USA*



MOORE CR2E037 (11/03)

4. FEI Number  
65-0788743

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
*PATRICK, Aaron*  
Street Address (P.O. Box Number is Not Acceptable)  
*C/o Treasure Coast Harley-Davidson*  
*4967 SE Federal Highway*  
City  
*Stuart, FL*  
Zip Code  
*34997*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICK, AARON	
STREET ADDRESS	4260 SE FEDERAL HIGHWAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PRANGE, LINDA	
STREET ADDRESS	3901 NE SUGARHILL AVENUE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NORRIS, BILL	
STREET ADDRESS	1585 NE BEACON DR #1103	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WELLS, MARIA	
STREET ADDRESS	111 BALBOA AVE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STURM, ANN	
STREET ADDRESS	3861 NE SUGARHILL AVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEBAR, TIMOTHY	
STREET ADDRESS	4260 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick, Aaron	
STREET ADDRESS	4967 SE Federal Highway	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	La Bar, James	
STREET ADDRESS	4967 SE Federal Highway	
CITY-ST-ZIP	Stuart, FL 34997	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ann M. Sturm*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04

772-287-3871

Date

Daytime Phone #