

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90055 010 \*\*\*\*61.25

**DOCUMENT # N97000006682**

1. Entity Name  
**TREASURE COAST STUART, FLORIDA CHAPTER, INC.**



Principal Place of Business  
**C/O HARLEY-DAVIDSON OF STUART, INC.  
4967 SE FEDERAL HIGHWAY  
STUART, FL 34997**

Mailing Address  
**C/O HARLEY-DAVIDSON OF STUART, INC.  
4967 SE FEDERAL HIGHWAY  
STUART, FL 34997**

**20012591**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0788743**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
4967 SE FEDERAL HIGHWAY  
STUART, FL 34997**

Name

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

City

**FL**

Zip Code

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 reissuing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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** ☐ Delete  
NAME **PATRICK, AARON**  
STREET ADDRESS **4967 SE FEDERAL HIGHWAY**  
CITY-ST-ZIP **STUART, FL 34997**

TITLE **PD** ☐ Delete  
NAME **PRANGE, LINDA**  
STREET ADDRESS **3901 NE SUGARHILL AVENUE**  
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **VD** ☐ Delete  
NAME **NORRIS, BILL**  
STREET ADDRESS **1585 NE BEACON DR #1103**  
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **SD** ☐ Delete  
NAME **WELLS, MARIA**  
STREET ADDRESS **111 BALBOA AVE**  
CITY-ST-ZIP **STUART, FL 34994**

TITLE **TD** ☐ Delete  
NAME **STURM, ANN**  
STREET ADDRESS **3861 NE SUGARHILL AVE**  
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

TITLE **D** ☐ Delete  
NAME **LABAR, JAMES**  
STREET ADDRESS **4967 SE FEDERAL HIGHWAY**  
CITY-ST-ZIP **STUART, FL 34997**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **VD**  
STREET ADDRESS **TRIKES, CHRYS**  
CITY-ST-ZIP **581 NW WAVERLY CIRCLE**  
**PORT ST. LUCIE, FL 34983**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **TD**  
STREET ADDRESS **BARTUS, ANNIE**  
CITY-ST-ZIP **2498 SW REGENCY RD.**  
**STUART, FL 34997**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **ANNIE M. BARTUS, Treasurer Feb. 15, 2005** **772-223-8848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #