

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006682

FILED
Jan 19, 2009
Secretary of State

Entity Name: TREASURE COAST STUART, FLORIDA CHAPTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0788743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABAR, JAMES
C/O TREASURE COAST HARLEY-DAVIDSON
4967 SE FEDERAL HIGHWAY
STUART, FL 34997 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 () Delete
Name: LABAR, JAMES
Address: 4967 SE FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34997

Title: PD () Delete
Name: MICHAEL, JOSH
Address: 467 SE STREAMLET AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD () Delete
Name: DONAHUE, DEBBIE
Address: 8006 SW YACHTSMANS DR
City-St-Zip: STUART, FL 34997

Title: SD () Delete
Name: MICHAEL, KIM
Address: 467 SE STREAMLET AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD () Delete
Name: OLIVERI, HELEN
Address: PO BOX 7142
City-St-Zip: PORT SAINT LUCIE, FL 34985

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: DONAHUE, DENNIS
Address: 8006 SW YACHTSMANS DR
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: DONAHUE, DEBBIE
Address: 8006 SW YACHTSMAN DR.
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSHUA MICHAEL

PD

01/19/2009

Electronic Signature of Signing Officer or Director

Date