

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000097475**

1. Entity Name

**BMW MOTORCYCLE OWNERS OF NORTHEAST  
FLORIDA, INC.**



Principal Place of Business

**11111-70 SAN JOSE BLVD.  
SUITE 57  
JACKSONVILLE, FL 32223-7297 US**

Mailing Address

**11111-70 SAN JOSE BLVD.  
SUITE 316  
JACKSONVILLE, FL 32223-7297 US**



03012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0810208**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HIDAY, ROBERT D  
4100 SOUTHPOINT DRIVE EAST  
SUITE 103  
JACKSONVILLE, FL 32216**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ANDRADE, ROXANE  
2337 OCEANFOREST DR.W.  
ATLANTIC BEACH, FL 32233**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
NELSON, NORM  
7430 SR A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GIVENS, WAYNE  
9938 ORCHARD HILLS ROAD  
JACKSONVILLE, FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MEEKER, LARRY  
2351 EAGLE HARBOR PKWY  
ORANGE PARK, FL 32003**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILLER, DAVE  
169 BARTLETT AVE  
ORANGE PARK, FL 32073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROBINSON, WILLIAM  
7004 GAINES CT  
JACKSONVILLE, FL 32217**

000000673960  
03/29/07-80049-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:**

*Roxane Andrade, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/1/07*  
Date

*904.246.2549*  
Daytime Phone #