

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90103 028 ****61.25

DOCUMENT # N00000001663

1. Entity Name
HHS ROWING CLUB, INC.



Principal Place of Business
**PO BOX 360302
TAMPA, FL 33673**

Mailing Address
**PO BOX 360302
TAMPA, FL 33673**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3634945

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

**WATERS, JACK C
708 WEST HILDA ST
TAMPA, FL 33603**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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	WATERS, JACK C	
STREET ADDRESS	708 WEST HILDA ST	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, TRACY	
STREET ADDRESS	9213 KNIGHTS BRANCH ST	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ERLICH, ROBERT	
STREET ADDRESS	3037 SAMARA DR	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LATIMER, PAMELA	
STREET ADDRESS	19105 HARBOR BRIDGE LN	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLINS, KAREN	
STREET ADDRESS	606 SURREY LN	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, DONALD J.	
STREET ADDRESS	18409 CANARY LN	
CITY-ST-ZIP	LUTZ, FL 33558	

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 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: Karen D. Collins **KAREN D. COLLINS**

5/1/2007 813-604-2319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #