2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001663

Entity Name: HHS ROWING CLUB, INC.

FILED Jun 26, 2009 Secretary of State

PO BOX 360302 1111 NORTH BOULEVARD

TAMPA, FL 33673 TAMPA, FL 33605

Current Mailing Address: New Mailing Address:

PO BOX 360302 TAMPA, FL 33673

FEI Number: 59-3634945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATERS, JACK C MORLEY, MICHAEL
708 WEST HILDA ST 4701 ESTRELLA ST.
TAMPA, FL 33603 US TAMPA, FL 33629 US

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: MICHAEL MORLEY 06/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: VD (X) Change () Addition

 Name:
 WATERS, JACK C
 Name:
 JAVIER, JERRY

 Address:
 708 WEST HILDA ST
 Address:
 4525 PINE HOLLOW DR.

 City-St-Zip:
 TAMPA, FL 33603
 City-St-Zip:
 TAMPA, FL 33624

Title: VD () Delete Title: VD (X) Change () Addition

Name: LATIMER, PAMELA Name: SAILS, FRANZ

Address: 19105 HARBOR BRIDGE LN Address: 1802 W. EL PASO DRIVE City-St-Zip: LUTZ, FL 33558 City-St-Zip: TAMPA, FL 33603

Title: TD () Delete Title: () Change () Addition

 Name:
 MILES, BEVERLY
 Name:

 Address:
 2805 W SAN LUIS ST.
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BURKE, DONALD J
 Name:
 MORLEY, MICHAEL

 Address:
 18409 CANARY LN
 Address:
 4701 ESTRELLA ST

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:
 TAMPA, FL 33629

 Name:
 MORLEY, MICHAEL
 Name:

 Address:
 4701 ESTRELLA ST.
 Address:

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:

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: BEVERLY MILES TD 06/26/2009