

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001663

Entity Name: HHS ROWING CLUB, INC.**Current Principal Place of Business:**402 W LAUREL STREET
TAMPA, FL 33602**Current Mailing Address:**PO BOX 360302
TAMPA, FL 33673**FEI Number:** 59-3634945**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KROH, JOEL
14208 CHESHIRE ACRES PL
TAMPA, FL 33618 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:** JOEL KROH

04/21/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MOLNAR, CARLOS
Address PO BOX 360302
City-State-Zip: TAMPA FL 33673

Title VP
Name RICE, ADAM
Address PO BOX 360302
City-State-Zip: TAMPA FL 33673

Title TREASURER
Name KROH, JOEL
Address PO BOX 360302
City-State-Zip: TAMPA FL 33673

Title CORRESPONDING SECRETARY
Name ALVAREZ-NEFF, DEBORAH
Address PO BOX 360302
City-State-Zip: TAMPA FL 33673

Title RECORDING SECRETARY
Name BELLUCCIA, BARBARA
Address PO BOX 360302
City-State-Zip: TAMPA FL 33673

Title DIRECTOR, BOAT MANAGMENT
Name DYE, DAMON
Address PO BOX 360302
City-State-Zip: TAMPA FL 33673

I hereby 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 all other like empowered.

SIGNATURE: JOEL KROH**TREASURER**

04/21/2024

Electronic Signature of Signing Officer/Director Detail

Date