

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001663

Entity Name: HHS ROWING CLUB, INC.**Current Principal Place of Business:**5000 N. CENTRAL AVENUE
TAMPA, FL 33603**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:**CHRISTIE, MARTI
5000 N. CENTRAL AVENUE
TAMPA, FL 33603 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:** MARTI CHRISTIE

01/11/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	BOYCE, STEVE
Address	5000 N. CENTRAL AVENUE
City-State-Zip:	TAMPA FL 33603

Title	VP-REGATTAS
Name	ROBERTS, SUZANNE
Address	PO BOX 360302
City-State-Zip:	TAMPA FL 33673

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

Title	SECRETARY
Name	WHITAKER, ANNE
Address	PO BOX 360302
City-State-Zip:	TAMPA FL 33673

Title	TREASURER
Name	NIELAND, SUSAN
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: SUSAN NIELAND**TREASURER**

01/11/2015

Electronic Signature of Signing Officer/Director Detail

Date