

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44674

**FILED**  
**Feb 11, 2017**  
**Secretary of State**  
**CC7318719402**

**Entity Name:** SARASOTA SCULLERS YOUTH ROWING PROGRAM, INC.

**Current Principal Place of Business:**

125 BAYVIEW DR.  
OSPREY, FL 34229

**Current Mailing Address:**

125 BAYVIEW DR.  
OSPREY, FL 34229

**FEI Number:** 65-0280018

**Certificate of Status Desired:** No

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

FERRANDINO, RITA  
125 BAYVIEW DR.  
OSPREY, FL 34229 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:** RITA FERRANDINO

02/11/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           FERRANDINO, RITA  
Address        125 BAYVIEW DRIVE  
City-State-Zip: OSPREY FL 34229

Title           VP  
Name           KOPLIN, SETH  
Address        125 BAYVIEW DRIVE  
City-State-Zip: OSPREY FL 34229

Title           CORRESPONDING SECRETARY  
Name           GRIFFEON, XIMENA  
Address        125 BAYVIEW DR.  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           NAIDEL, JULIE  
Address        125 BAYVIEW DR.  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           THOMPSON, SCOTT  
Address        125 BAYVIEW DR.  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           KEMP, CYNTHIA  
Address        125 BAYVIEW DR.  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           MALLET, GERARD  
Address        125 BAYVIEW DR.  
City-State-Zip: OSPREY FL 34229

Title           DIRECTOR  
Name           LARKINS, ARTHUR  
Address        125 BAYVIEW DR.  
City-State-Zip: OSPREY FL 34229

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*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:** RITA FERRANDINO

**TREASURER**

02/11/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            STRICKLAND, GEORGE  
Address        125 BAYVIEW DR.  
City-State-Zip:  OSPREY FL 34229

Title            DIRECTOR  
Name            MISCHAK, KAREN  
Address        125 BAYVIEW DR.  
City-State-Zip:  OSPREY FL 34229