

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44674

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC6512235679**

**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:**

BILDER, BARRY C  
232 WOODLAND DRIVE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P-D  
Name BILDER, BARRY  
Address 125 BAYVIEW DRIVE  
City-State-Zip: OSPREY FL 34229

Title VPD  
Name BRETZ, MATT  
Address 125 BAYVIEW DRIVE  
City-State-Zip: OSPREY FL 34229

Title S-D  
Name SCHULTE, KATHLEEN  
Address 125 BAYVIEW DRIVE  
City-State-Zip: OSPREY FL 34229

Title T-D  
Name STETTLER, ROB  
Address 125 BAYVIEW DRIVE  
City-State-Zip: OSPREY FL 34229

Title ADM  
Name GRIFFOEN, XIMENA  
Address 125 BAYVIEW DRIVE  
City-State-Zip: OSPREY FL 34229

Title D  
Name KOEHLER, JEFF  
Address 125 BAYVIEW DRIVE  
City-State-Zip: OSPREY FL 34229

*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: BARRY C. BILDER**

**PRESIDENT**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date