


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90024 033 ****61.25

DOCUMENT # N00000001663

1. Entity Name
HHS ROWING CLUB, INC.



Principal Place of Business
 PO BOX 360302
 TAMPA, FL 33673

Mailing Address
 PO BOX 360302
 TAMPA, FL 33673

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3634945

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

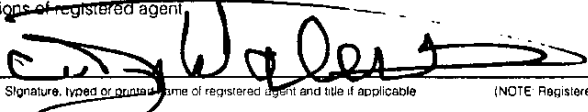
6. Name and Address of Current Registered Agent

WATERS, JACK C
708 WEST HILDA ST
TAMPA, FL 33603

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

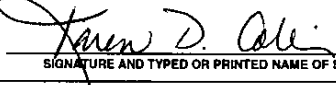
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATERS, JACK C	
STREET ADDRESS	708 WEST HILDA ST	
CITY-ST-ZIP	TAMPA, FL 33603	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALBRITTON, BRIAN	
STREET ADDRESS	3209 W KNIGHTS AVE	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERLICH, ROBERT	
STREET ADDRESS	3037 SAMARA DR	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NASH, DOUG	
STREET ADDRESS	16913 EQUESTRIAN TRL	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLINS, KAREN	
STREET ADDRESS	606 SURREY LN	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SPANO, ANA	
STREET ADDRESS	7704 N ROME AVE	
CITY-ST-ZIP	TAMPA, FL 33604	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRACY JOHNSTON	
STREET ADDRESS	9213 KNIGHTS BRANCH ST	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA LATIMER	
STREET ADDRESS	19105 HARBORBRIDGE LN	
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **KAREN D COLLINS** **5/2/06** **813-604-2319**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40093100

