


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90029 036 \*\*\*\*61.25

<b>DOCUMENT # N00000002125</b> 1. Entity Name ROWING ASSOCIATION OF NAPLES, INC.	
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Principal Place of Business CENTRAL AVE. & RIVERSIDE CIRCLE NAPLES, FL 34102	Mailing Address 8555 DANBURY BLVD. UNIT #205 NAPLES, FL 34120
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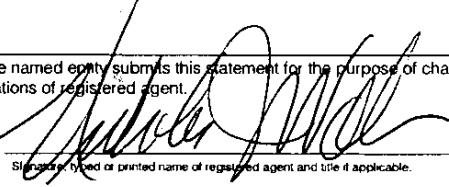
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0999753	Applied For <input type="checkbox"/> Not Applicable
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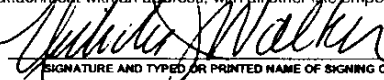
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WALKER, NICK 8555 DANBURY BLVD. UNIT 205 NAPLES, FL 34120	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  <small>Signature typed or printed name of registered agent and title if applicable.</small>	NICHOLAS J. WALKER <small>(NOTE: Registered Agent signature required when reappointing)</small> DATE 1-8-08

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEET, VICTORIA 1171 MOCKING BIRD LANE NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DOUG FINLAY 3430 GULF SHORE BLVD N#5H NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR (LIFETIME) <input type="checkbox"/> Delete CURRY, DAVID 198 BEARS PAW TRAIL NAPLES, FL 34106	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ZAHN DICK 1942 WINDING OAKS WAY NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + DIRECTOR <input type="checkbox"/> Delete ROTH, CHARLES 7575 PELICAN BAY BLVD., 1204 NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR + SECRETARY <input type="checkbox"/> Delete LEFFERTS, JODIE 2655 MAGNOLIA PK. LN., 202 NAPLES, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER + DIRECTOR <input type="checkbox"/> Delete WALKER, NICK 8555 DANBURY BOULEVARD #205 NAPLES, FL 34120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROIANI, JULES 101 COURTSIDE DR NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	NICHOLAS J. WALKER Date 1/8/08 Daytime Phone # 239-248-1035