2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002125

FILED Feb 02, 2009 Secretary of State

Entity Name: ROWING ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business: New Principal Place of Business: CENTRAL AVE.& RIVERSIDE CIRCLE NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** 8555 DANBURY BLVD. UNIT #205 NAPLES, FL 34120 FEI Number: 65-0999753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALKER, NICK WALKER, NICHOLAS J TREAS 8555 DANBURY BLVD. 8555 DANBURY BLVD. **UNIT 205 UNIT 205** NAPLES, FL 34120 US NAPLES, FL 34120 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: NICHOLAS J. WALKER 02/02/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FINLAY, DOUG Name: Name: 3430 GULFSHORE BLVD N #54 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: Title: () Delete () Change () Addition Name: CURRY, DAVID Name: Address: 198 BEARS PAW TRAIL Address: City-St-Zip: NAPLES, FL 34106 City-St-Zip: Title: PD() Delete Title: () Change () Addition ROTH, CHARLES Name: Name: 7575 PELICAN BAY BLVD., 1204 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: LEFFERTS, JODIE Name: 2655 MAGNOLIA PK. LN., 202 Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: () Delete Title: () Change () Addition WALKER, NICK Name: Name: 8555 DANBURY BOULEVARD #205 Address: Address: City-St-Zip: NAPLES, FL 34120 City-St-Zip: Title: () Delete Title: () Change () Addition TROIANI, JULES Name: Name: Address: 101 COURTSIDE DR Address: NAPLES, FL 34105 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NICHOLAS J. WALKER TREA 02/02/2009