

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90237 036 ****61.25

DOCUMENT # N01000000212

1. Entity Name
SARASOTA COUNTY ROWING CLUB, INC.



Principal Place of Business
**347 W. VENICE AVE.
VENICE, FL 34285**

Mailing Address
**347 W. VENICE AVE.
VENICE, FL 34285**



01052006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-1096968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEITEL, KENNETH L
347 W. VENICE AVE.
VENICE, FL**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<i>Lorraine Carulli</i>
NAME	GIANNINI, RAYMOND	
STREET ADDRESS	8480 EAGLE PRESERVE WAY	<i>2500 Monterrey St</i>
CITY-ST-ZIP	SARASOTA, FL 34241	<i>Sarasota, FL 34231</i>
TITLE	D	<i>Joni Steinberg</i>
NAME	DAY, MIKE	
STREET ADDRESS	3913 HAMILTON CLUB CIR.	<i>750 Freeling Dr</i>
CITY-ST-ZIP	SARASOTA, FL 34242	<i>Sarasota, FL</i>
TITLE	D	<i>34242</i>
NAME	GIANNINI, RAYMOND R	
STREET ADDRESS	8480 EAGLE PRESERVE WAY	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	D	
NAME	MCKIBBEN, JEFF	
STREET ADDRESS	1010 KNOLLWOOD CIR.	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	D	<i>Becky Bollet</i>
NAME	HEITEL, KENNETH	
STREET ADDRESS	1318 ROBERTS BAY LANE	<i>215 Seagull Lane</i>
CITY-ST-ZIP	VENICE, FL 34292	<i>Sarasota, FL 34236</i>
TITLE	D	<i>Laura Baker</i>
NAME	MCKIBBEN, JEFF	
STREET ADDRESS	1010 KNOLLWOOD CIR	<i>3305 Sheffield Cir</i>
CITY-ST-ZIP	WAUCHULA, FL 33873	<i>Sarasota, FL 34239</i>

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IN THIS SPACE**

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: *Joni Steinberg* *4/25/06* *941*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #