

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001808

**FILED**  
**Sep 26, 2012**  
**Secretary of State**

**Entity Name:** LYMAN ROWING ASSOCIATION, INC.

**Current Principal Place of Business:**

709 S. LOST LAKE LANE  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

2070 SPRINGS LANDING BLVD  
LONGWOOD, FL 32779

**Current Mailing Address:**

POST OFFICE BOX 521401  
LONGWOOD, FL 327521401

**New Mailing Address:**

**FEI Number:** 65-1263252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAY, JODI  
709 S. LOST LAKE LANE  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

WARE, LAURA  
2070 SPRINGS LANDING BLVD  
LONGWOOD, FL 32779 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: LAURA LEE WARE

09/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WARE, LAURA  
Address: 2070 SPRINGS LANDING BLVD  
City-St-Zip: LONGWOOD, FL 32779 US

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: LAURA LEE WARE

PRES

09/26/2012

Electronic Signature of Signing Officer or Director

Date