

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2009
Secretary of State**

DOCUMENT# N12740

Entity Name: PORT EVERGLADES ROWING CLUB, INC.

Current Principal Place of Business:

LAS OLAS STATION
850 GRANT ST.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

LAS OLAS STATION
P.O. BOX 030071
FT. LAUDERDALE, FL 333030071

New Mailing Address:

FEI Number: 65-0001827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, MICHAEL S
200 NW 51ST STREET
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRUCE, MICHAEL S
Address: 200 N.W. 51ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TD () Delete
Name: LOPEZ, ALBERT
Address: 109 LAKE EMERALD DR, # 304
City-St-Zip: OAKLAND PARK, FL 33309

Title: VPSD () Delete
Name: TILLES, DAVID D.
Address: P.O. BOX 220936
City-St-Zip: HOLLYWOOD, FL 330220936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL S. BRUCE

PD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date