

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90158 011 \*\*\*\*70.00

DOCUMENT # N18406

1. Corporation Name

THE SOUTH ORLANDO ROWING ASSOCIATION, INC.

Principal Place of Business

1720 E. GATLIN AVE.  
ORLANDO FL 32806  
US

Mailing Address

P.O. BOX 568782  
ORLANDO FL 32806  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/22/1986

4. FEI Number

59-2756841

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BRENNAN, SHEILA A  
4508 CRICHTON LANE  
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

Suzanne Boroff

82 Street Address (P.O. Box Number is Not Acceptable)

5300-2 White Cliff Lane

83

84 City

Orlando

FL

85 Zip Code

32812

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Suzanne Boroff*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME BRENNAN, DAVID  
STREET ADDRESS 1630 POE AVE  
CITY-ST-ZIP ORLANDO FL 32806 ☒ DELETE

TITLE D  
NAME RUSHMER, VERA A  
STREET ADDRESS 1000 SWEETBRIAR RD  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE D  
NAME PULLUM, HARV  
STREET ADDRESS 1018 SWEETBRIAR RD  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE TD  
NAME BRENNAN, SHEILA A  
STREET ADDRESS 4508 CRICHTON LANE  
CITY-ST-ZIP ORLANDO FL 32806 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Amanda Bowman  
1.3 STREET ADDRESS 1501 Belmont Drive  
1.4 CITY-ST-ZIP Orlando FL 32806

2.1 TITLE DV ☒ Change ☐ Addition  
2.2 NAME Earl Green  
2.3 STREET ADDRESS 3331 Carla St.  
2.4 CITY-ST-ZIP Orlando FL 32806

3.1 TITLE DS ☒ Change ☐ Addition  
3.2 NAME Susan O'Pear  
3.3 STREET ADDRESS 4062 Lake Conway Woods Blvd  
3.4 CITY-ST-ZIP Orlando FL 32812

4.1 TITLE DT ☒ Change ☐ Addition  
4.2 NAME Suzanne Boroff  
4.3 STREET ADDRESS 5300-2 White Cliff Ln  
4.4 CITY-ST-ZIP Orlando FL 32812

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

(407) 836-6612

Daytime Phone #

CR2E037 (11/98)

0019628