


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90091 003 ****61.25

DOCUMENT # N18406 1. Entity Name THE SOUTH ORLANDO ROWING ASSOCIATION, INC.					
Principal Place of Business TURKEY LAKE PARK 3401 S. HIAWASSEE ROAD ORLANDO, FL 32835 US				Mailing Address P.O. BOX 568782 ORLANDO, FL 32856-8782 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2756841	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LATTIN, HARRIET P 2215 BRADFORD CT ORLANDO, FL 32806			Name JEAN L. COX		
			Street Address (P.O. Box Number is Not Acceptable) 2417 PERSHING OAKS PLACE		
			City ORLANDO		
			FL		Zip Code 32806
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 <u><i>Jean L. Cox, Treasurer</i></u> 2/01/05 <small>Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, ROBERT 5259 NADINE STREET ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JAIME 1255 WALD ROAD ORLANDO, FL 32806
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, CELESTE 5923 SUNDERLAND DRIVE ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WIBORG, REGINA 4233 PECAN LANE ORLANDO, FL 32812
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTH, ANNE 616 BUCKWOOD DRIVE ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHELDON, HAROLD C JR 4438 KOGER STREET ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COX, JEAN 2417 PERSHING OAKS PLACE ORLANDO, FL 32806
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: <u><i>Jean L. Cox</i></u> 2/1/05 407 257 0742 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					