


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90085 008 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
07102007 Chg-NP	CR2E037 (12/06)
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	
HANDLEY, DOUG 4616 GATLIN OAKS LANE ORLANDO, FL 32806	

7. Name and Address of New Registered Agent	
Name: <u>Candi S. Mellow</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>5107 LOUVRE AVE.</u>	
City <u>ORLANDO</u>	FL Zip Code <u>32812</u>

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>Candi S. Mellow</u>	<u>CANDI S. MELLOW</u>	DATE <u>7-10-2007</u>
<small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>		

Filing Fee is \$61.25 Due by September 14, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENWOOD, PAM 1421 BUCKWOOD DR ORLANDO, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WIBORG, REGINA 4233 PECAN LANE ORLANDO, FL 32817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAWKINS, THERESA 4229 CONWAY PLACE CIRCLE ORLANDO, FL 32812 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANDLEY, DOUG 4616 GATLIN OAKS LANE ORLANDO, FL 32806 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles Bruno 4263 Lillian Hall Ln. ORLANDO FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John mauerman 4100 Waterfront Pkwy. ORLANDO FL 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Denise Baker 4178 Fallwood Cir. ORLANDO FL 32812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Debra Shaffer 710 Wessex Pl. ORLANDO FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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.

Candi S. Mellow President 7-10-2007