

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005293 (5)

1. Corporation Name

GULF COAST ROWING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

555 PARK SHORE DR.
#413
NAPLES FL 33940

555 PARK SHORE DR.
#413
NAPLES FL 33940



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-09/11/96--01002--010

*****61.25 *****61.25

3. Date Incorporated or Qualified
10/26/1994

3a. Date of Last Report
10/23/1995

2. Principal Place of Business

2a. Mailing Address

21 555 Park Shore Dr.

26 c/o Karen T. Coney

4. FEI Number

APPLIED FOR 65

Applied For

Not Applicable

22 Suite, Apt #, etc.

203

27 Suite, Apt #, etc.

850 Park Shore Dr. 3rd Flr.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

Naples FL

28 City & State

Naples FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

34103

Country

29 Zip

34103

Country

U.S.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONEY, KAREN T ESO
850 PARK SHORE DR., THIRD FLOOR
ROETZEL AND ANDRESS L.P.A.
NAPLES FL 33940

81 Name

Same / New Zip ONLY

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

83

84 City

FL

85 Zip Code

34103

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

8/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COBD ☒ DELETE
NAME MC DERITT, WILLIAM
STREET ADDRESS % 555 PARKSHORE DR. # 413
CITY-ST-ZIP NAPLES FL 33940

11 TITLE PD, COB ☒ Change ☐ Addition
12 NAME Adrienne Skolnik
13 STREET ADDRESS 555 Park Shore Dr. # 203
14 CITY-ST-ZIP Naples FL 34103

TITLE SD ☐ DELETE
NAME NEAL, JERRY
STREET ADDRESS 1450 CAXAMBAS COURT
CITY-ST-ZIP MARCO ISLAND FL 33937

21 TITLE SD ☐ Change ☒ Addition
22 NAME JILL HORTON
23 STREET ADDRESS c/o 555 Park Shore Dr. # 203
24 CITY-ST-ZIP Naples FL 34103

TITLE DT ☒ DELETE
NAME FRAZIER, ROGER
STREET ADDRESS 4001 GULFSHORE BLVD., N
CITY-ST-ZIP NAPLES FL 33940

31 TITLE VP, D ☒ Change ☐ Addition
32 NAME Jerry Neal
33 STREET ADDRESS 1450 Caxambas Court
34 CITY-ST-ZIP Marco Island FL 33937

TITLE PD ☐ DELETE
NAME SKOLNIK, ADRIENNE
STREET ADDRESS 555 PARKSHORE DRIVE # 413
CITY-ST-ZIP NAPLES FL 33940

41 TITLE T, D ☐ Change ☒ Addition
42 NAME Delta Thomas
43 STREET ADDRESS c/o 555 Park Shore Dr. # 203
44 CITY-ST-ZIP Naples FL 34103

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96 941-649-7595
Date Daytime Phone #