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Jul 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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.
#203
NAPLES FL 34103

KAREN T. CONEY
850 PARK SHORE DR., 3RD FLOOR
NAPLES FL 34103-3587



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CONEY, KAREN T ESQ
850 PARK SHORE DR., THIRD FLOOR
ROETZEL AND ANDRESS L.P.A.
NAPLES FL 34103

3. Date Incorporated or Qualified
10/26/1994

3a. Date of Last Report
09/03/1996

4. FEI Number

APPLIED FOR 65-0740930

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85.

Zip Code

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

Karen T. Coney
Signature, typed or printed name of registered agent and the if applicable

Registered Agent / ID
(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/97

12. OFFICERS AND DIRECTORS

TITLE PDCO ☐ DELETE

NAME SKOLNIK, ADRIENNE
STREET ADDRESS 555 PARK SHORE DR., #203
CITY-ST-ZIP NAPLES FL 34103

TITLE SD ☐ DELETE

NAME HORTON, JILL
STREET ADDRESS 555 PARK SHORE DR., #203
CITY-ST-ZIP NAPLES FL 34103

TITLE VPD ☐ DELETE

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

TITLE TD ☐ DELETE

NAME THOMAS, DELTA
STREET ADDRESS 555 PARKSHORE DR., #203
CITY-ST-ZIP NAPLES FL 34103

TITLE VPD ☐ DELETE

NAME Karen T. Coney
STREET ADDRESS 850 Park Shore Drive 3rd Floor
CITY-ST-ZIP Naples FL 34103

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)