

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2004
Secretary of State**

DOCUMENT# N99000003353

Entity Name: CHANNEL LANDING TOWNHOMES HOMEOWNER'S ASSOCIATION INC.

Current Principal Place of Business:

465 PINELLAS BAYWAY SOUTH
TIERRA VERDE, FL 33715

New Principal Place of Business:

Current Mailing Address:

465 PINELLAS BAYWAY SOUTH
TIERRA VERDE, FL 33715

New Mailing Address:

FEI Number: 59-3201946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HETRICK, RONA
465 PINELLAS BAYWAY SOUTH
#211
TIERRA VERDE, FL 33715

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HETRICK, RONA
Address: 465 PINELLAS BAYWAY SOUTH #211
City-St-Zip: TIERRA VERDE, FL 33715

Title: PD () Delete
Name: JOHNSTAD, CAROL
Address: 465 PINELLAS BAYWAY SOUTH #104
City-St-Zip: TIERRA VERDE, FL 33715

Title: VD () Delete
Name: KANE, WAYNE
Address: 465 PINELLAS BAYWAY SOUTH #308
City-St-Zip: TIERRA VERDE, FL 33715

Title: SD () Delete
Name: MARKESE, JAMES
Address: 465 PINELLAS BAYWAY SOUTH #105
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL JOHNSTAD

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date