


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90040 009 ****61.25

DOCUMENT # N99000003353					
1. Entity Name CHANNEL LANDING TOWNHOMES HOMEOWNER'S ASSOCIATION INC.					
Principal Place of Business 465 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715		Mailing Address 465 PINELLAS BAYWAY SOUTH TIERRA VERDE, FL 33715			
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 59-3201946	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NYITRAY, JOHN 465 PINELLAS BAYWAY SOUTH #106 TIERRA VERDE, FL 33715			Name <u>Gloria Weaver</u> Street Address (P.O. Box Number is Not Acceptable) <u>465 Pinellas Bayway South</u> <u>#101</u> City <u>Tierra Verde</u> FL Zip Code <u>33715</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>Gloria Weaver</u> , <u>Gloria Weaver</u> 2/12/06					
(NOTE: Registered Agent signature required when reinstating). DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	P/D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSTAD, CAROL		NAME	<input checked="" type="checkbox"/> Braddy, Dennis	
STREET ADDRESS	465 PINELLAS BAYWAY SOUTH #104		STREET ADDRESS	465 Pinellas Bayway South #308	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	Tierraverde, FL 33715	
TITLE	V/D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLOXOM, GREG		NAME	<input checked="" type="checkbox"/> DaPrato, John	
STREET ADDRESS	465 PINELLAS BAYWAY SOUTH #109		STREET ADDRESS	465 Pinellas Bayway S # 202	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	T/D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NYITRAY, JOHN		NAME	<input checked="" type="checkbox"/> Weaver, Gloria	
STREET ADDRESS	465 PINELLAS BAYWAY SOUTH #106		STREET ADDRESS	465 Pinellas Bayway S #101	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	S/D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRADDY, DENNIS		NAME	<input checked="" type="checkbox"/> Wilcox, Patricia	
STREET ADDRESS	465 PINELLAS BAYWAY SOUTH #308		STREET ADDRESS	465 Pinellas Bayway S # 204	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARKESE, JAMES		NAME	<input checked="" type="checkbox"/> O'Brien, James	
STREET ADDRESS	465 PINELLAS BAYWAY SOUTH #105		STREET ADDRESS	465 Pinellas Bayway S # 303	
CITY-ST-ZIP	TIERRA VERDE, FL 33715		CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u>Gloria Weaver</u> , <u>Gloria Weaver</u> 2/12/06 727-864-9056					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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