


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90038 035 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3201946	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEAVER, GLORIA 465 PINELLAS BAYWAY SOUTH SUITE 101 TIERRA VERDE, FL 33715			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.28 Due by May 1, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D <input type="checkbox"/> Delete	TITLE	President (Not a Director) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADDY, DENNIS	NAME	Carol Johnstad		
STREET ADDRESS	465 PINELLAS BAYWAY S #308	STREET ADDRESS	465 Pinellas Bayway #104		
CITY-ST-ZIP	TIERRA VERDE, FL 33715	CITY-ST-ZIP	Tierra Verde, FL 33715		
TITLE	V/D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	DA PRATO, JOHN	NAME			
STREET ADDRESS	465 PINELLAS BAYWAY S #202	STREET ADDRESS			
CITY-ST-ZIP	TIERRA VERDE, FL 33715	CITY-ST-ZIP			
TITLE	T/D <input type="checkbox"/> Delete	TITLE			
NAME	WEAVER, GLORIA	NAME			
STREET ADDRESS	465 PINELLAS BAYWAY S # 101	STREET ADDRESS			
CITY-ST-ZIP	TIERRA VERDE, FL 33715	CITY-ST-ZIP			
TITLE	S/D <input type="checkbox"/> Delete	TITLE			
NAME	WILCOX, PATRICIA	NAME			
STREET ADDRESS	465 PINELLAS BAYWAY S #204	STREET ADDRESS			
CITY-ST-ZIP	TIERRA VERDE, FL 33715	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	O'BRIAN, JAMES	NAME			
STREET ADDRESS	465 PINELLAS BAYWAY S #303	STREET ADDRESS			
CITY-ST-ZIP	TIERRA VERDE, FL 33715	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Director		
NAME		NAME	Joseph Scott		
STREET ADDRESS		STREET ADDRESS	465 Pinellas Bayway #210		
CITY-ST-ZIP		CITY-ST-ZIP	Tierra Verde, FL 33715		
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: <i>Gloria Weaver</i>		Date: 2/18/07		Daytime Phone #: 727-643-1952	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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