2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006062

FILED Jul 18, 2006 Secretary of State

Entity Name: CHANNELSIDE LOFTS PHASE ONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

217 NO. 12TH ST UNIT 111 TAMPA, FL 33602

Current Mailing Address: New Mailing Address:

217 NO. 12TH ST UNIT 111 217 NO. 12TH ST UNIT 104 TAMPA, FL 33602 TAMPA, FL 33602

FEI Number: 56-2369538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOGALI, A. ANDERSON ESQ. 4301 ANCHOR PLAZA PARKWAY - SUITE 300 TAMPA, FL 33634 US

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:

OFFICERS AND DIRECTORS:

Electronic Signature of Registered Agent Date

J J

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 PHILLIPS, CHRIS
 Name:

 Address:
 217 NO. 12TH ST UNIT 111
 Address:

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:

Title: VPTD () Delete Title: VPTD (X) Change () Addition

Name: BALTES, MICHAEL Name: CALLEJA, ANNA M

Address: 217 NO. 12TH ST. UNIT 113 Address: 217 NO. 12TH ST. UNIT 104

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33602

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 SPIER, GEORGENE
 Name:
 RODNITE, SUSAN

 Address:
 217 N. 12TH ST. UNIT 112
 Address:
 217 N. 12TH ST. UNIT 110

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:
 TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANNA M. CALLEJA VPTD 07/18/2006