

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/ FILED
May 23, 2008 8:00 am
Secretary of State

04-25-2008 90143 020 ****61.25

DOCUMENT # N02000006062 1. Entity Name CHANNELSIDE LOFTS PHASE ONE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 217 NO. 12TH ST TAMPA, FL 33602		Mailing Address 217 NO. 12TH ST UNIT 104 TAMPA, FL 33602	
2. Principal Place of Business - No P.O. Box # 3001 Executive Dr. Suite, Apt. #, etc. Suite 260 City & State Clearwater FL Zip 33762 Country Pinellas		3. Mailing Address 3001 Executive Dr. Suite, Apt. #, etc. Suite 260 City & State Clearwater FL Zip 33762 Country Pinellas	
4. FEI Number 56-2369538		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03282008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DOGALLA ANDERSON ESQ. 4301 ANCHOR PLAZA PARKWAY - SUITE 300 TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Condominium Associates Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Dr. Suite 260 City Clearwater FL Zip Code 33762	
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><i>Sharon Johnson</i></u> DATE <u>4/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PHILLIPS, CHRIS 217 NO. 12TH ST UNIT 111 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mark Dallara - Pres 217 N. 12th St. # 107 Tampa, FL 33602 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD CALLEJA, ANNA M 217 NO. 12TH ST. UNIT 104 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHRIS Hopper Secretary 213 N. 12th St. Tampa, FL 33602 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RODNITE, SUSAN 217 N. 12TH ST. UNIT 110 TAMPA, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DARRIN Carbeau 217 N. 12th St. # 114 Treasurer Tampa, FL 33602 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2008-04-10</u> Daytime Phone # _____	

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