# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 18, 2009**
**Secretary of State**

DOCUMENT# N02000006066

**Entity Name:** CHANNELSIDE LOFTS PHASE TWO HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3001 EXECUTIVE DR.
SUITE 260
CLEARWATER, FL 33762

**New Principal Place of Business:**

777 SOUTH HARBOUR ISLAND BLVD.
SUITE 270
TAMPA, FL 33602

**Current Mailing Address:**

3001 EXECUTIVE DR.
SUITE 260
CLEARWATER, FL 33762

**New Mailing Address:**

4301 ANCHOR PLAZA PARKWAY
SUITE 300
TAMPA, FL 33634

**FEI Number: 56-2369534** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR. SUITE 260
CLEARWATER, FL 33762 US

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

FORIZS & DOGALI P.L.
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: LEE ATKINSON 03/18/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: KROL, DONALD
Address: 201 NORTH 12TH STREET
City-St-Zip: TAMPA, FL 33602

Title: VT ( ) Delete
Name: ONEILL, KEIRAN C
Address: 1308 E .WASHINGTON STREET
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete
Name: BELLAPIGNA, ANTHONY
Address: 1314 E. WASHINGTON ST
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition
Name: KROL, DONALD
Address: 201 NORTH 12TH STREET
City-St-Zip: TAMPA, FL 33602

Title: ST (X) Change ( ) Addition
Name: STADER, JENNIE
Address: 4518 SHADOWLAWN ROAD
City-St-Zip: ARLINGTON, TN 38002

Title: P (X) Change ( ) Addition
Name: BELLAPIGNA, ANTHONY
Address: 1314 E. WASHINGTON ST
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY BELLAPIGNA P 03/18/2009
Electronic Signature of Signing Officer or Director Date