## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007447

FILED Mar 18, 2009 Secretary of State

Entity Name: 1000 CHANNELSIDE CONDOMINIUM ASSOCIATION, INC.

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

777 S. HARBOUR ISL. BLVD. 270 TAMPA, FL 33602

**Current Mailing Address: New Mailing Address:** 

3001 EXECUTIVE DR 200 NORTH PINE AVENUE SUITE 260 SUITE A CLEARWATER, FL 33762 OLDSMAR, FL 34677

FEI Number: 20-5072614 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CONDOMINIUM ASSOCIATES BRUDNY & RABIN, PA 777 S. HARBOUR ISLAND BLVD. 200 NORTH PINE AVENUE SUITE 270 SUITE A TAMPA, FL 336029 US OLDSMAR, FL 34677 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: MICHAEL BRUDNY 03/18/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VSD (X) Change ( ) Addition () Delete

CARRIER, MICHAEL CARRIER, MICHAEL Name: Name: 1000 CHANNELSIDE DRIVE, UNIT 2D Address: 1000 CHANNELSIDE DRIVE, UNIT 2D Address:

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

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

Name: LEVY, ALEX Name: LEVY, ALEX Address: 1000 CHANNEL SIDE DR: UNIT 2A Address:

1000 CHANNEL SIDE DR: UNIT 2A

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

Title: () Delete Title: (X) Change ( ) Addition CHRISTOPHER, TUCCIARONE Name: MOORE, LEESA Name:

1000 CHANNEL SIDE DR., UNIT 2B 1000 CHANNEL SIDE DR., UNIT 3A Address: Address:

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 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: LEESA MOORE Ρ 03/18/2009