


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90038 029 ****61.25

DOCUMENT # N04000012023 1. Entity Name THE TOWERS OF CHANNELSIDE RHC CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 204 E. TERRACE DRIVE PLANT CITY, FL 33563			Mailing Address 204 E. TERRACE DRIVE PLANT CITY, FL 33563		
2. Principal Place of Business - No P.O. Box # 1103 East Cumberland Ave			3. Mailing Address 5th Floor lobby		
Suite, Apt. #, etc. 5th Floor lobby			Suite, Apt. #, etc. Same		
City & State Tampa Ph			City & State Same		
Zip 33602		Country USA		4. FEI Number 20-2271976	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUSSNER, STEPHEN L ESQ. GRAYROBINSON, P.A. 201 N. FRANKLIN ST. SUITE 2200 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating)					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SACCHI, RICHARD 204 E. TERRACE DRIVE PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGUINNESS, MICHAEL 204 E. TERRACE DRIVE PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HITE, BRADLEY 204 E. TERRACE DRIVE PLANT CITY, FL 33563	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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>K. Lush</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>2/21/08</u>					
Daytime Phone # _____					

50000796



02182008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

Additional Fee Required

FL