

NO70000004124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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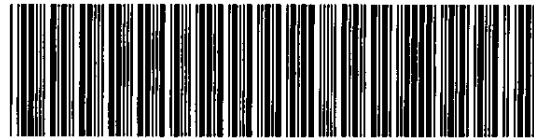
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 APR 24 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gr 4/24/07

**COVER LETTER**

**FILED**

**07 APR 24 PM 3:49**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** THE TOWERS OF CHANNELSIDE OVERALL LOT OWNER ASSOCIATION, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** BRAD HITE  
Name (Printed or typed)

204 E. TERRACE DR.  
Address

PLANT CITY, FL 33563  
City, State & Zip

813-754-7916  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

THE TOWERS OF CHANNELSIDE OVERALL LOT OWNER ASSOCIATION, INC.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

204 E. TERRACE DR.  
PLANT CITY, FL 33563

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

AN ASSOCIATION FOR THE OWNERS OF THE COMMON AREAS OF A CONDOMINIUM  
DEVELOPMENT

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

ELECTED BY VOTING OF THE MEMBERS

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

RICHARD SACCHI	204 E. TERRACE DR. PLANT CITY, FL 33563	PRESIDENT
BRAD HITE	204 E. TERRACE DR. PLANT CITY, FL 33563	VP/SEC/TREAS.
MICHAEL MCGUINNESS	204 E. TERRACE DR. PLANT CITY, FL 33563	VP

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

BRAD HITE  
204 E. TERRACE DR.  
PLANT CITY, FL 33563

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BRAD HITE  
204 E. TERRACE DR.  
PLANT CITY, FL 33563

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

4/19/07

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

4/19/07