

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008201

FILED  
May 04, 2009  
Secretary of State

Entity Name: SEAPORT CHANNELSIDE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

777 S. HARBOUR ISLAND BLVD.  
SUITE 260  
TAMPA, FL 33602

## New Principal Place of Business:

1120 E. TWIGGS ST.  
SUITE 107  
TAMPA, FL 33602

## Current Mailing Address:

777 S. HARBOUR ISLAND BLVD.  
SUITE 260  
TAMPA, FL 33602

## New Mailing Address:

1120 E. TWIGGS ST.  
SUITE 107  
TAMPA, FL 33602

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MUSCA, DANIEL G  
12004 RACE TRACK ROAD  
TAMPA, FL 33626 US

## Name and Address of New Registered Agent:

DEMARCA, MICHAEL  
1120 E. TWIGGS ST.  
SUITE 107  
TAMPA, FL 33602 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 DEMARCA

05/04/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WEBER, DOUGLAS E  
Address: 1109 ABBEYS WAY  
City-St-Zip: TAMPA, FL 33602

Title: STD ( ) Delete  
Name: DEMARCA, DAVID  
Address: 777 S. HARBOUR ISLAND BLVD. #260  
City-St-Zip: TAMPA, FL 33602

Title: VD ( ) Delete  
Name: DEMARCA, MICHAEL  
Address: 777 S. HARBOUR ISLAND BLVD. #260  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: DEMARCA, DAVID  
Address: 1120 E. TWIGGS ST. SUITE 107  
City-St-Zip: TAMPA, FL 33602

Title: VD (X) Change ( ) Addition  
Name: DEMARCA, MICHAEL  
Address: 1120 E. TWIGGS ST. SUITE 107  
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: MICHAEL DEMARCA

VD

05/04/2009

Electronic Signature of Signing Officer or Director

Date