

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000008201

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** SEAPORT CHANNELSIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WEBER, DOUGLAS E  
Address: 1120 E. TWIGGS ST. SUITE 107  
City-St-Zip: TAMPA, FL 33602

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

Title: VD  
Name: DEMARCA, MICHAEL  
Address: 1120 E. TWIGGS ST. SUITE 107  
City-St-Zip: TAMPA, FL 33602

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS WEBER

PD

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date