

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010912

FILED
Apr 16, 2009
Secretary of State

Entity Name: SLADE AT CHANNELSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

202 N 11TH STREET
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

202 N 11TH STREET
TAMPA, FL 33602

New Mailing Address:

FEI Number: 26-3807348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORRO, JUAN
1789 SOUTHWEST 3RD AVE
MIAMI, FL 33129 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: DP () Delete
Name: PORRO, JUAN C
Address: 1789 SOUTHWEST 3RD AVE
City-St-Zip: MIAMI, FL 33129

Title: V () Delete
Name: WAYLAND, SAMUEL
Address: 1789 SOUTHWEST 3RD AVE
City-St-Zip: MIAMI, FL 33129

Title: T () Delete
Name: GILBERT, KEN
Address: 1789 SOUTHWEST 3RD AVE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KEN GILBERT

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date