

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005672

**Entity Name:** THE PLACE AT CHANNELSIDE CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 05, 2025**  
**Secretary of State**  
**5844675812CC****Current Principal Place of Business:**912 CHANNELSIDE DRIVE  
MANAGEMENT OFFICE  
TAMPA, FL 33602**Current Mailing Address:**912 CHANNELSIDE DRIVE  
MANAGEMENT OFFICE  
TAMPA, FL 33602 US**FEI Number: 01-0901199****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ANNE HATHORN LEGAL SERVICES, LLC  
150 2ND AVENUE NORTH  
SUITE 1270  
SAINT PETERSBURG, FL 33701 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:** ANNE M. HATHORN

02/05/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title            PRESIDENT/DIRECTOR  
Name            ILCHUK, PETER  
Address        912 CHANNELSIDE DRIVE  
City-State-Zip: TAMPA FL 33602Title            /DIRECTOR  
Name            HEYMANN, MONICA  
Address        912 CHANNELSIDE DRIVE  
City-State-Zip: TAMPA FL 33602Title            TREASURER  
Name            SOMMER, GEORGE  
Address        912 CHANNELSIDE DRIVE  
City-State-Zip: TAMPA FL 33602Title            SECRETARY/DIRECTOR  
Name            LAWSON, GEORGE  
Address        912 CHANNELSIDE DRIVE  
City-State-Zip: TAMPA FL 33602Title            VICE PRESIDENT, DIRECTOR  
Name            OBENREDER, ROBERT  
Address        912 CHANNELSIDE DRIVE  
City-State-Zip: TAMPA FL 33602Title            ASST. SECRETARY  
Name            KAHL, ROBERT  
Address        912 CHANNELSIDE DR.  
City-State-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:** GEORGE LAWSON**SECRETARY**

02/05/2025

Electronic Signature of Signing Officer/Director Detail

Date