

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


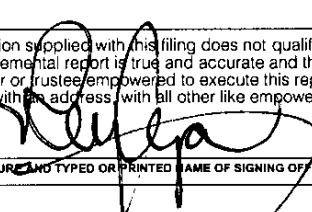
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Apr 16, 2007 8:00 am
Secretary of State

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03302007 Chg-NP CR2E037 (12/06)

DOCUMENT # N03000007447			
1. Entity Name 1000 CHANNELSIDE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 610 GARRISON COVE LANE TAMPA, FL 33602		Mailing Address 610 GARRISON COVE LANE TAMPA, FL 33602	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3001 Executive Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 260	
City & State		City & State Clearwater FL	
Zip	Country	Zip	Country
33762	USA	33762	USA
4. FEI Number 20-5072614		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ORTEGA, REY 610 GARRISON COVE LANE TAMPA, FL 33602		Name Condominium Associates Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Drive Suite 260 City Clearwater FL Zip Code 33762	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAMPBELL, DENNIS 610 GARRISON COVE LANE TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ORTEGA, REY 610 GARRISON COVE LANE TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, WILLIAM 610 GARRISON COVE LANE TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with the address with all other like empowered.			
SIGNATURE: 		REV ORTEGA 4/4/07 721-723-0411	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	