


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90039 034 ****61.25

DOCUMENT # N03000007447

1. Entity Name
 1000 CHANNELSIDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 610 GARRISON COVE LANE
 TAMPA, FL 33602

Mailing Address
 3001 EXECUTIVE DR
 SUITE 260
 CLEARWATER, FL 33762

40067541



2. Principal Place of Business - No P.O. Box #
 777 S. Harbour Island Blvd. 270

3. Mailing Address

Suite, Apt. #, etc.
 Tampa, Florida

Suite, Apt. #, etc.

02202008 Chg-NP CR2E037 (12/06)

City & State
 33602 FL

City & State

4. FEI Number
 20-5072614

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTEGA, REY
 3001 EXECUTIVE DR
 SUITE 260
 CLEARWATER, FL 33762

7. Name and Address of New Registered Agent

Name
 Condominium Associates

Street Address (P.O. Box, Number is Not Acceptable)
 777 S. Harbour Island Blvd.

Suite 270

City Tampa FL Zip Code 33602

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 Shane Johnson DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAMPBELL, DENNIS 610 GARRISON COVE LANE TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ORTEGA, REY 610 GARRISON COVE LANE TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRINGTON, WILLIAM 610 GARRISON COVE LANE TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael CARRIER - Sec 1000 Channelside Drive, Unit 2D Tampa, Florida 33602	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alex Levy - Pres 1000 Channelside Dr, Unit 2A Tampa, Florida, 33602	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTOPHER TUCCARONE 1000 Channelside Dr, Unit 2B Tampa, Florida 33602 (Treas)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.

SIGNATURE: [Signature] Date 4/11/08 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR