

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90029 029 \*\*\*\*61.25

**DOCUMENT # N06000007253**

1. Entity Name  
**MARINA SOUTH AT CAPE HARBOUR CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business <b>C/O REALMARK MANAGEMENT SERVICES, LLC 5828 CAPE HARBOUR DRIVE, SUITE 102 CAPE CORAL, FL 33914</b>	Mailing Address <b>C/O REALMARK MANAGEMENT SERVICES, LLC 5828 CAPE HARBOUR DRIVE, SUITE 102 CAPE CORAL, FL 33914</b>
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01212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5128574</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DRIVE  
SUITE 350  
FT. MYERS, FL 33907**

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IN THIS SPACE**

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 \_\_\_\_\_  
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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEARDEN, CRAIG A 5789 CAPE HARBOUR DR., #201 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KIRKMAN, JANE 5789 CAPE HARBOUR DR #201 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, SHARON 5781 CAPE HARBOUR DR #1402 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Jane Kirkman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/08*  
Date

*239 541 1372*  
Daytime Phone #