

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726834

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE ENTRADA CONDOMINIUM, INC.

Current Principal Place of Business:

95 JACARANDA DR
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

95 JACARANDA DR
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 59-1594547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, INGRID E ESQ
21 JACARANDA DR. #121
PLANTATION, FL 33324 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: DELAWTER, WILL
Address: 9 JACARANDA DR., #211
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: RICKEY, JILL
Address: 5 JACARANDA DR, # 208
City-St-Zip: PLANTATION, FL 33324

Title: SD () Delete
Name: GAINES, ADAH,
Address: 21 JACARANDA DR. #122
City-St-Zip: PLANTATION, FL,

Title: TD () Delete
Name: WATKINS, ELIZABETH
Address: 21 JACARANDA DR., #121
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: MOCARSKI, SUSAN
Address: 17 JACARANDA DR, # 218
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: PRESTON, ROBERT
Address: 12 JACARANDA DR #215
City-St-Zip: PLANTATION, FL 33324

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:

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: WILBUR DELAWTER

DP

02/23/2009

Electronic Signature of Signing Officer or Director

Date