

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90079 030 ****61.25

DOCUMENT # N02000008980

1. Entity Name
ENTRADA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 9528
TREASURE ISLAND, FL 33740**

Mailing Address
**P.O. BOX 9528
TREASURE ISLAND, FL 33740**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006

Chg-NP

CR2E037 (11/05)

4. FEI Number
00-6798730

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, LEONARD
C/O LAMONT MANAGEMENT CO
250 104TH AVE
TREASURE ISLAND, FL 33706**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
TONN, CHUCK
11595 GULF BLVD, #104
TREASURE ISLAND, FL 33706** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LUBOWSKI, WALLY
11595 GULF BLVD
TREASURE ISLAND, FL 33706** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LADAWN BUIDENS
11595 GULF BLVD - #101
TREASURE ISLAND, FL 33706** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
ASHLEY, ANDY
11595 GULF BLVD, #108
TREASURE ISLAND, FL 33706** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ASHLEY, LINDA** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GROSS, LINDA
206 W FRANKLIN AVE
MYERSTOWN, PA 17067** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SUSAN HAMILTON
11595 GULF BLVD. #103
TREASURE ISLAND, FL 33706** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ID
RON BARNETT
11595 GULF BLVD. #113
TREASURE ISLAND, FL 33706** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Charles W. Tonn
11595 Gulf Blvd #104
TREASURE ISL FL 33706** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/06 (727) **360-0856**