2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008980

FILED Mar 24, 2009 Secretary of State

Entity Name: ENTRADA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 9528 11555 GULF BLVD

TREASURE ISLAND, FL 33740 TREASURE ISLAND, FL 33708

Current Mailing Address: New Mailing Address:

LAMONT MANAGEMENT 250 104TH AVE. TREASURE ISLAND, FL 33706

FEI Number: 56-2311988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

Flatoria Circular I Paristand Anna

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: GRADL, JERRY Name: GRADL, JERRY

Address: 11555 GULF BLVD 116 Address: 11555 GULF BLVD 116

City-St-Zip: SAINT PETERSBURG, FL 33706 City-St-Zip: SAINT PETERSBURG, FL 33706

Title: DS () Delete Title: () Change () Addition

 Name:
 FALANDYSZ, TERESA
 Name:

 Address:
 151 HARBOUR WATCH WAY
 Address:

 City-St-Zip:
 MOUNT PLEASANT, SC 29464
 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Name:
 TONN, BETH
 Name:

 Address:
 11595 GULF BLVD 104
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33706
 City-St-Zip:

Title: DT () Delete Title: () Change () Addition

 Name:
 HAMILTON, SUSAN
 Name:

 Address:
 11595 GULF BLVD 103
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33706
 City-St-Zip:

Name:LUBOWSKI, WALLYName:LUBOWSKI, WALLYAddress:11595 GULF BLVD 109Address:11595 GULF BLVD 109City-St-Zip:TREASURE ISLAND, FL 33706City-St-Zip:TREASURE ISLAND, FL 33706

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: SUSAN HAMILTON T 03/24/2009