

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

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

01-24-2008 90030 013 \*\*\*\*61.25

**DOCUMENT # N05000002753**

1. Entity Name  
**ENTRADA COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**C/O REALMARK MANAGEMENT SERVICES, LLC  
5828 CAPE HARBOUR DR., #102  
CAPE CORAL, FL 33914**

Mailing Address  
**C/O REALMARK MANAGEMENT SERVICES, LLC  
5828 CAPE HARBOUR DR., #102  
CAPE CORAL, FL 33914**



01212008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4961103**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

**DO NOT WRITE  
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 \_\_\_\_\_

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DEARDEN, CRAIG A  
STREET ADDRESS 5789 CAPE HARBOUR DRIVE, SUITE 201  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE VD  
NAME KIRKMAN, JANE  
STREET ADDRESS 5789 CAPE HARBOUR DRIVE, SUITE 201  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE STD  
NAME FORD, CHARLOTTE  
STREET ADDRESS 5789 CAPE HARBOUR DRIVE, SUITE 201  
CITY-ST-ZIP 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

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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

Date

4/22/08

Daytime Phone #

239 541 1372