

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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



Principal Place of Business

C/O REALMARK MANAGEMENT SERVICES, LLC
5828 CAPE HARBOUR DRIVE, SUITE 102
CAPE CORAL, FL 33914

Mailing Address

C/O REALMARK MANAGEMENT SERVICES, LLC
5828 CAPE HARBOUR DRIVE, SUITE 102
CAPE CORAL, FL 33914

40000



01212008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

20-5128574

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
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

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 DR., #201
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE VTD
NAME KIRKMAN, JANE
STREET ADDRESS 5789 CAPE HARBOUR DR #201
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE SD
NAME MURPHY, SHARON
STREET ADDRESS 5781 CAPE HARBOUR DR #1402
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

1/22/08

Date

239 541 1372

Daytime Phone #