2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N06000001428

Entity Name: THE RETREAT ON DAVIS ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1721 RAINBOW DRIVE
CLEARWATER, FL 33755

New Principal Place of Business:

1485 INTERNATIONAL PARKWAY
SUITE 1001
HEATHROW, FL 32746 US

Current Mailing Address:

1712 LONG BOW LANE
CLEARWATER, FL 33764

New Mailing Address:

1485 INTERNATIONAL PARKWAY
SUITE 1001
HEATHROW, FL 32746 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOVE, STEPHEN D
1485 INTERNATIONAL PARKWAY
SUITE 1001
HEATHROW, FL 32746 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: STEPHEN D. HOVE 04/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOVE, STEPHEN D
Address: 1721 RAINBOW DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: VD (X) Delete
Name: HOVE, EDWARD S
Address: 1721 RAINBOW DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: STD (X) Delete
Name: O'KEEFE, KATHRYN
Address: 1721 RAINBOW DRIVE
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: HOVE, STEPHEN D
Address: 1712 LONG BOW LANE
City-St-Zip: CLEARWATER, FL 33764

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: STEPHEN D. HOVE P 04/09/2009
Electronic Signature of Signing Officer or Director Date