

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004755

FILED
Mar 17, 2009
Secretary of State

Entity Name: T.L.C. PRIMATE RETREAT, INC.

Current Principal Place of Business:

4841 OAK ACRES LANE
FORT MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

4841 OAK ACRES LANE
FORT MYERS, FL 33905 US

New Mailing Address:

FEI Number: 30-0183181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOETHEN, LINDA
4841 OAK ACRES LANE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOETHEN, LINDA
Address: 4841 OAK ACRES LANE
City-St-Zip: FORT MYERS, FL 33905

Title: VD () Delete
Name: LOETHEN, JAMES B
Address: 4841 OAK ACRES LANE
City-St-Zip: FORT MYERS, FL 33905

Title: SD () Delete
Name: DENICOLA, BARRY
Address: 112 BONAIRE
City-St-Zip: BAREFOOT BEACH, FL 34134

Title: TD () Delete
Name: MOORE, ANGELA
Address: 4101 LAKE NED CIRCLE
City-St-Zip: WINTER HAVEN, 33 88405

Title: D () Delete
Name: WENTZEL, PATTI
Address: 1481 ALHAMBRA DRIVE
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: SAMPSON, GALE
Address: 1861 PASSAIC AVENUE
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: LINDA LOETHEN

PD

03/17/2009

Electronic Signature of Signing Officer or Director

Date