

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03835

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** THE RETREAT AT NAPLES NO. THREE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4306 ARNOLD AVE  
NAPLES, FL 34104 US

**New Principal Place of Business:**

3135 SANTORINI CT.  
NAPLES, FL 34119 US

**Current Mailing Address:**

P O BOX 110339  
NAPLES, FL 34108 US

**New Mailing Address:**

P O BOX 990222  
NAPLES, FL 34116 US

**FEI Number:** 59-2834940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUETER, BEVERLY  
4306 ARNOLD AVE  
NAPLES, FL 34104 US

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

SDA MANAGEMENT SERVICES INC.  
3135 SANTORINI CT.  
NAPLES, FL 34119 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: STEVE DEANGELIS

02/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SHEEHAN, THOMAS  
Address: 534 LAKE LOUISE CIR # 201  
City-St-Zip: NAPLES, FL 34110

Title: DST  
Name: WHALEY, JACK  
Address: 561 BENTLY VILLAGE CT  
City-St-Zip: NAPLES, FL 34110

Title: DVP  
Name: SCHILLING, RON  
Address: 534 LAKE LOUISE CIR #104  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: THOMAS SHEEHEN

PRES

02/24/2010

Electronic Signature of Signing Officer or Director

Date