

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03839

FILED
Mar 31, 2009
Secretary of State

Entity Name: THE RETREAT COMMONS TWO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

% SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE #206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2454911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE #206
NAPLES, FL 34103 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: BROWN, HOWARD M
Address: 528 LAKE LOUISE CIRCLE #303
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: BROWN, ANN
Address: 532 LAKE LOUISE CIRCLE, #102
City-St-Zip: NAPLES, FL 34110

Title: STD () Delete
Name: MATARO, AMY
Address: 561 BENTLEY VILLAGE CT.
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: PALMER, BECKY
Address: 530 LAKE LOUISE CIRCLE, #203
City-St-Zip: NAPLES, FL 34110

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: HOWARD M. BROWN

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date