2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N09796

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

Current Principal Place of Business:

544 RETREAT DR.
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8990
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2330202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHEN P HART
COLLIER FINANCIAL INC.
4985 TAMIAMI TR E
NAPLES, FL 34113 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: BRUIJN, C. PETER
Address: 528 RETREAT DR #102
City-St-Zip: NAPLES, FL 34110

Title: DVP ( ) Delete
Name: RUTTMAN, JERRY
Address: 528 RETREAT DRIVE 3101
City-St-Zip: NAPLES, FL 34110

Title: SD ( ) Delete
Name: DIXON, LLOYD
Address: 541 LAKE LOUISE CIRCLE #201
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete
Name: GILGER, ELIZABETH
Address: 560 RETREAT DR #203
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: BLODGETT, MARION
Address: 544 RETREAT DRIVE #204
City-St-Zip: NAPLES, FL 34110

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

Title: VD (X) Change ( ) Addition
Name: GILGER, ELIZABETH
Address: 560 RETREAT DR #203
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Change (X) Addition
Name: SMART, MARILYN
Address: 545 LAKE LOUISE CIRCLE #302
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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: C. PETER BRUIJH PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date