# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**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:**

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 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: D ( ) Delete
Name: BRUIJN, C. PETER
Address: 528 RETREAT DR #102
City-St-Zip: NAPLES, FL 34110

Title: SDD ( ) Delete
Name: BLODGETT, MARION
Address: 544 RETREAT DRIVE #204
City-St-Zip: NAPLES, FL 34110

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

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

Title: D (X) Delete
Name: RUTTMAN, JERRY
Address: 528 RETREAT DR. #101
City-St-Zip: NAPLES, FL 34110

Title: TD (X) Delete
Name: LITTLEFIELD, MIKE
Address: 545 LAKE LOUISE CIR #201
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: RUTTMAN, JERRY
Address: 528 RETREAT DR. #101
City-St-Zip: NAPLES, FL 34110

Title: STD (X) Change ( ) Addition
Name: LITTLEFIELD, MIKE
Address: 544 RETREAT DRIVE #201
City-St-Zip: NAPLES, FL 34110

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

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

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: LLOYD DIXON PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date