

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09796

FILED  
Mar 23, 2012  
Secretary of State

**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: VD  
Name: GILGER, ELIZABETH  
Address: 560 RETREAT DR #203  
City-St-Zip: NAPLES, FL 34110

Title: TD  
Name: LITTLEFIELD, MIKE  
Address: 544 RETREAT DRIVE #201  
City-St-Zip: NAPLES, FL 34110

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

Title: SD  
Name: PARKER, A PATRICK B  
Address: 528 RETREAT DRIVE, #104  
City-St-Zip: NAPLES, FL 34110

Title: VD  
Name: RUTTMAN, JERRY  
Address: 528 RETREAT DR #101  
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: STEPHEN P. HART

MR.

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date