2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N11491

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

Current Principal Place of Business:

537 LAKE LOUISE CIRCLE
APT 101
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

537 LAKE LOUISE CIRCLE
APT 101
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-2330201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, CAMERON
537 LAKE LOUISE CIRCLE
APT 101
NAPLES, FL 34110 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:	P	( ) Delete
Name:	ANDERSON, CAMERON	
Address:	537 LAKE LOUISE CIRCLE APT 101	
City-St-Zip:	NAPLES, FL 34110	
Title:	T	( ) Delete
Name:	CUCURO, RONALD DR.	
Address:	537 LAKE LOUISE CIRCLE APT 102	
City-St-Zip:	NAPLES, FL 34110	
Title:	S	( ) Delete
Name:	RALPH, KAY	
Address:	537 LAKE LOUISE CIRCLE APT 201	
City-St-Zip:	NAPLES, FL 34110	
Title:	D	( ) Delete
Name:	GEISELHART, THOMAS	
Address:	517 LAKE LOUISE CT APT. 201	
City-St-Zip:	NAPLES, FL 34110	
Title:	D	( ) Delete
Name:	VANHASSEL, HERB	
Address:	517 LAKE LONISE CT. APT 103	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CAMERON ANDERSON P 01/27/2009

Electronic Signature of Signing Officer or Director — Date