

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11491

FILED
Feb 21, 2011
Secretary of State

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
Name: ANDERSON, CAMERON
Address: 537 LAKE LOUISE CIRCLE APT 101
City-St-Zip: NAPLES, FL 34110

Title: T
Name: CUCURO, RONALD DR.
Address: 537 LAKE LOUISE CIRCLE APT 102
City-St-Zip: NAPLES, FL 34110

Title: D
Name: SACCHETTI, DOMINIC
Address: 521 LAKE LOUISE COURT APT 101
City-St-Zip: NAPLES, FL 34110

Title: D
Name: GEISELHART, THOMAS
Address: 517 LAKE LOUISE CT APT. 201
City-St-Zip: NAPLES, FL 34110

Title: D
Name: VANHASSEL, HERB
Address: 517 LAKE LOUISE CT. APT 103
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: CAMERON ANDERSON

P

02/21/2011

Electronic Signature of Signing Officer or Director

Date