

N11491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

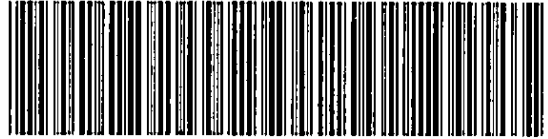
(Business Entity Name)

(Document Number)

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2020 JAN -8 AM 8:14

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FEB 06 2020

S. YOUNG



DEC 30 2019

December 26, 2019

97 – THE RETREAT AT NAPLES NO TWO CONDOMINIUM ASSN INC  
SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DR #206  
NAPLES FL 34103

RE: THE RETREAT AT NAPLES NO TWO CONDOMINIUM ASSN INC

SUBJECT: RESIGNATION OF REGISTERED AGENT

To Whom it may Concern:

Please be advised that Sentry Management, Inc. has resigned as the registered agent for the above-named association as of **DECEMBER 31, 2019.**

A registered agent is a responsible third-party who is registered in the same state in which a business entity was established and who is designated to receive service of process notices, correspondence from the Secretary of State, and other official government notification, including tax forms and notice of lawsuits, on behalf of the corporation.

Please be sure to contact the Secretary of State and register a new agent. **Failure to designate and maintain a registered agent may lead to administrative dissolution of the association as well as the potential for libelous situations that could prove very costly to an association and its' residents.**

Rae Ann Parker  
Records Administrator  
Sentry Management, Inc.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Retreat at Naples No. Two Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N11491

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Fowler

Name of Contact Person

Southwest Property Management

Firm/Company

1044 Castello Drive, Suite 206

Address

Naples, FL 34103

City/State and Zip Code

bflower@swpropmgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Fowler

at ( 239 ) 9897982

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Retreat at Naples No Two Condominium Association, Inc.
2. The principal office address: 1044 Castello Drive, Suite 206, Naples, FL 34103-1900
3. The mailing address (if different): same
4. Date of incorporation/qualification: 10/08/1985 Document number: N11491
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

SENTRY MANAGEMENT INC  
2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Southwest Property Management

1044 Castello Drive, Suite 206

P.O. Box NOT acceptable

Naples, FL 34103-1900

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mark A. Quatrano, Pres.  
Signature of an officer or director

MARK A. QUATRANO, PRES  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

12/31/19

Date

If signing on behalf of an entity:

Bryan Fowler  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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