

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21899

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE RETREAT COMMONS ONE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

528 RETREAT DRIVE
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: 59-2330191 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TRAIL
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: TD () Delete
Name: ANDERSON, CAMERON
Address: 537 LAKE LOUISE CIR #101
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: BOLTZ, SANDY
Address: 503 LAKE LOUISE CIR #201
City-St-Zip: NAPLES, FL 34110

Title: PD () Delete
Name: ZIMMERMAN, ELLYN
Address: 523 LAKE LOUISE CIR #201
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: PATRICK, PENNY
Address: 501 LAKE LOUISE CIR #104
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: MACDONALD, ROBERT
Address: 511 LAKE LOUISE CIR #202
City-St-Zip: NAPLES, FL 34110

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: ELLYN ZIMMERMAN

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date