

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27580

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: THE RETREAT WATERSIDE II, INC.

## Current Principal Place of Business:

4306 ARNOLD AVE  
NAPLES, FL 34104 US

## New Principal Place of Business:

C/O COMPASS GROUP  
3701 TAMIAMI TRAIL N, 3RD FLOOR  
NAPLES, FL 34103 US

## Current Mailing Address:

C/O COMPASS GROUP  
7400 TAMIAMI TRAIL N., SUITE 101  
NAPLES, FL 34108 US

## New Mailing Address:

C/O COMPASS GROUP  
3701 TAMIAMI TRAIL N, 3RD FLOOR  
NAPLES, FL 34103 US

FEI Number: 65-0068392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUETER, BEVERLY  
% SUNBURST MGMT.  
4306 ARNOLD AVE  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

COMPASS GROUP  
3701 TAMIAMI TRAIL N, 3RD FLOOR  
NAPLES, FL 34103 US

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: JEFF MITCHELL

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: BLOCK, LEN  
Address: 529 LAKE LOUISE CIR #102  
City-St-Zip: NAPLES, FL 34110

Title: DP ( ) Delete  
Name: NOACK, PATRICIA  
Address: 527 LAKE LOUISE CIR. #202  
City-St-Zip: NAPLES, FL 34110

Title: DST ( ) Delete  
Name: PENNELL, SUSAN  
Address: 531 LAKE LOUISE CIR #102  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BLOCK, ALBERT L  
Address: 529 LAKE LOUISE CIR #102  
City-St-Zip: NAPLES, FL 34110

Title: VP (X) Change ( ) Addition  
Name: BURGER, PAUL  
Address: 527 LAKE LOUISE CIR. #103  
City-St-Zip: NAPLES, FL 34110

Title: S/T (X) Change ( ) Addition  
Name: O'CONNELL, THOMAS  
Address: 531 LAKE LOUISE CIR #101  
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: THOMAS O'CONNELL

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date