

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90019 028 ****61.25

DOCUMENT # N01000003050 1. Entity Name CEDAR HAMMOCK HOMEOWNERS ASSOCIATION II, INC.			
Principal Place of Business 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912		Mailing Address C/O PCS P.O. BOX 110156 NAPLES, FL 34108	
2. Principal Place of Business 12734 Kenwood Ln.		3. Mailing Address Tropical Isles Mgmt	
Suite, Apt. #, etc. # 49		Suite, Apt. #, etc. 12734 Kenwood Lane, Su. 49	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33907		Zip 33907	
Country USA		Country USA	
4. FEI Number 65-1112808		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, CAM, WILLIAM D 2310 DELLA DR NAPLES, FL 34117		7. Name and Address of New Registered Agent Name Tropical Isles Management Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Lane, Suite 49 City Ft. Myers FL Zip Code 33907	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 5/1/05 DATE			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECTOR, GAIL 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert DeZurek 3864 W. Myrtle Run Naples, FL 34112 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U.P. Ronald Thompson 3816 W. Myrtle Run Naples, FL 34112 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, ALAN 10481 SIX MILE CYPRESS PKWY FT MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Dawn Mielke 3865 W. Myrtle Run Naples, FL 34112 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM DON Roedding 12734 Kenwood Lane Fort Myers, FL 33907 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		5/1/05 (235) 939-2559	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	