2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N01000003050

Entity Name: CEDAR HAMMOCK HOMEOWNERS ASSOCIATION II, INC.

Current Principal Place of Business:

12734 KENWOOD LN
49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

TROPICAL ISLES MGMT
12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1112808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROPICAL ISLES MGMT
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907 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: VD ( ) Delete
Name: DAVEY, NELSON
Address: 3852 WAX MURTLE RUN
City-St-Zip: NAPLES, FL 34112

Title: S ( ) Delete
Name: SCHEIBLE, BARB
Address: 3824 WAX MURTLE RUN
City-St-Zip: NAPLES, FL 34112

Title: P ( ) Delete
Name: BIGEL, JON
Address: 3809 WAX MYRTLE RUN
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: DAVEY, NELSON
Address: 3852 WAX MURTLE RUN
City-St-Zip: NAPLES, FL 34112

Title: ST (X) Change ( ) Addition
Name: FULTON, CAROLYN
Address: 3849 WAX MURTLE RUN
City-St-Zip: NAPLES, FL 34112

Title: P (X) Change ( ) Addition
Name: LAWRENCE, BROOKE
Address: 3860 WAX MYRTLE RUN
City-St-Zip: NAPLES, FL 34112

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: MILISSA LINDSEY RA 04/06/2009

Electronic Signature of Signing Officer or Director — Date