

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90005 011 ****61.25



DOCUMENT # N02000001940
 1. Entity Name
VILLAS III AT CEDAR HAMMOCK ASSOCIATION, INC.

Principal Place of Business
**10481 SIX MILE CYPRESS PKWY.
 FT. MYERS, FL 33912**

Mailing Address
**10481 SIX MILE CYPRESS PKWY.
 FT. MYERS, FL 33912**



07192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0466791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SWALM & BOURGEOU, P.A.
 2375 TAMiami TRAIL N., SUITE 308
 NAPLES, FL 33940**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPECTOR, GAIL 10481 SIX MILE CYPRESS PKY. FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKY. FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNS, ALAN 10481 SIX MILE CYPRESS PKY. FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 IN THIS SPACE**

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: *[Signature]* *Prop Mgr* *7/20/04* *239-352-6780*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #