


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000001940				
1. Entity Name VILLAS III AT CEDAR HAMMOCK ASSOCIATION, INC.				
Principal Place of Business TROPICAL ISLES MGMT 12734 KENWOOD LANE # 49 FORT MYERS, FL 33907		Mailing Address TROPICAL ISLES MGMT 12734 KENWOOD LANE # 49 FORT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	02092006 Chg-NP CR2E037 (11/05) 4. FEI Number 03-0466791 <input type="checkbox"/> 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			7. Name and Address of New Registered Agent	
TROPICAL ISLES MGMT 12734 KENWOOD LANE # 49 FORT MYERS, FL 33907			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>				
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, THOMAS		NAME	
STREET ADDRESS	3981 CORDGRASS WAY		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOREE, RICHARD		NAME	
STREET ADDRESS	4004 CORDGRASS WAY		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, SUSAN		NAME	
STREET ADDRESS	3997 CORDGRASS WAY		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP	
TITLE	ASM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEDDING, DON		NAME	
STREET ADDRESS	12734 KENWOOD LANE		STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Thomas Cook</u>		2-27-2006		239-352-2123
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>



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05/13/06-80046-012 61.25