2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001940

1. Entity Name



FILED Mar 05, 2007 8:00 am Secretary of State 03-05-2007 90038 013 ****61.25

VILLAS II	I AT CEDAR HAMMOCK A	SSOCIATION, INC.							
Principal Place of Business TROPICAL ISLES MGMT 12734 KENWOOD LANE # 49 FORT MYERS, FL 33907		Mailing Address TROPICAL ISLES MGMT 12734 KENWOOD LANE FORT MYERS, FL 3390						818 (811) 8181 88 1	HINI AI AND
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062007 C	hg-NP	CR2E0	37 (12/06)	
City & State	В	City & State			4. FEI Number 03-04667	91	· · · ·		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S			\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New F	Registered	Agent	
TPODICAL	ISI ES MOMT		Name						
TROPICAL ISLES MGMT 12734 KENWOOD LANE # 49 FORT MYERS, FL 33907			Street Ac	ddress (P.	O. Box Number is	Not Acceptabl	e)		
			City				FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered office or	registered	d agent, or both, in	n the State of Fl	orida. Lam	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title il applicable. (NOTE:	Registered Agent signatu	re required wi	rhen reinstating)		DATE		
SIGNATURE .	Signature, hiped or printed name of registered agentifications. Filling Fee is \$61.25 Due by May 1, 2007	s and title if applicable. (NOTE: 9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		Make chec	k payable to	
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$	\$5.00 May Be	Flo	/lake chec rida Depai	tment of St	tate
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing ontribution.	□ \$	\$5.00 May Be Added to Fees ODITIONS/CHANG	Flo	Make chec rida Depai	tment of St	tate
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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 \$17, 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 AND TYPED OR PRINTED NAME OF SIGNI mes

<u>2-16-07</u>

Daytime Phone #

Date