

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001940

**Entity Name:** VILLAS III AT CEDAR HAMMOCK ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH STE 215  
NAPLES, FL 34104**Current Mailing Address:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH STE 215  
NAPLES, FL 34104 US**FEI Number:** 03-0466791**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESORT MANAGEMENT  
C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH STE 215  
NAPLES, FL 34104 US*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:** ANDY PROVOST

04/22/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	BARIBEAU, ROBERT
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215
City-State-Zip:	NAPLES FL 34104

Title	TREASURER, SECRETARY
Name	FEINBERG, JACK
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215
City-State-Zip:	NAPLES FL 34104

Title	PRESIDENT
Name	WILLIS, PAUL
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215
City-State-Zip:	NAPLES FL 34104

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAUL WILLIS

PRESIDENT

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date