

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001096

FILED
Mar 30, 2009
Secretary of State

Entity Name: VILLAS I AT CEDAR HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O R&R PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0994342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, GLENN PRES
265 AIRPORT RD S
NAPLES, FL 34104 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: SD () Delete
Name: OHLEF, HENRY
Address: 8804 CEDAR HAMMOCK BLVD
City-St-Zip: NAPLES, FL 34112

Title: TD () Delete
Name: TOSCA, JANET
Address: 8764 CEDAR HAMMOCK BLVD
City-St-Zip: NAPLES, FL 34112

Title: PD () Delete
Name: BROEN, JOHN
Address: 8749 CEDAR HAMMOCK BLVD
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OHLEF, HENRY
Address: 8804 CEDAR HAMMOCK BLVD
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: STOKES, DICK
Address: 8706 CEDAR HAMMOCK BLVD
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: HENRY OHLEF

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date