

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001097

FILED
Apr 21, 2008
Secretary of State

Entity Name: CEDAR HAMMOCK HOMEOWNERS ASSOCIATION I, 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: 65-0994339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R & P PROPERTY MANAGEMENT
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: PD () Delete
Name: HOOLEY, JOHN
Address: 3594 CEDAR HAMMOCK CT.
City-St-Zip: NAPLES, FL 34112

Title: STD () Delete
Name: PETERSON, JEROLD
Address: 3601 CEDAR HAMMOCK CT
City-St-Zip: NAPLES, FL 34112

Title: VPD () Delete
Name: EVERS, CHET
Address: 1051 FREEDOM CIRCLE NO
City-St-Zip: CROWN POINT, IN 46307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STROHAVER, ROBERT
Address: 3602 CEDAR HAMMOCK CT.
City-St-Zip: NAPLES, FL 34112

Title: STD (X) Change () Addition
Name: HOOLEY, JOHN
Address: 3594 CEDAR HAMMOCK CT
City-St-Zip: NAPLES, FL 34112

Title: VPTD (X) Change () Addition
Name: MYER, CHET
Address: 3614 CEDAR HAMMOCK CT
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: ROBERT STROHAVER

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date