

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001097

**FILED**  
**Apr 20, 2011**  
**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  
Name: STROHAVER, ROBERT  
Address: 3602 CEDAR HAMMOCK CT.  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: HOOLEY, JOHN  
Address: 3594 CEDAR HAMMOCK CT  
City-St-Zip: NAPLES, FL 34112

Title: STD  
Name: JOHNSON, ERWIN  
Address: 3622 CEDAR HAMMOCK CT  
City-St-Zip: NAPLES, FL 34112

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: ROBERT STROHAVER

PD

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date