

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 18, 2012
Secretary of State**

DOCUMENT# N00000001097

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:** TD
Name: CHET, EVERS
Address: 3614 CEDAR HAMMOCK CT
City-St-Zip: NAPLES, FL 34112**Title:** SD
Name: BATTALINI, RICHARD
Address: 955 DORAL DRIVE
City-St-Zip: BARTLETT, IL 60103

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

07/18/2012

Electronic Signature of Signing Officer or Director

Date