2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003564

Jan 11, 2006 Secretary of State

FILED

Entity Name: VILLAS II AT CEDAR HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

BUTTONWOOD WAY C/O NEWELL PROPERTY MANAGEMENT NAPLES, FL 34112

5435 JAEGER ROAD #4 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT P.O. BOX 110156

NAPLES, FL 34108 5435 JAEGER ROAD #4 NAPLES, FL 34109

FEI Number: 59-3725055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITE, WILLIAM D NEWELL, WILLIAM A

C/O NEWELL PROPERTY MANAGEMENT 2310 DELLA DR

NAPLES, FL 34117 5435 JAEGER ROAD #4 US NAPLES, FL 34109 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: WILLIAM A NEWELL, AGENT 01/11/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

HATHWAY, DONALD HATHWAY, DONALD Name: Name: 3716 BUTTONWOOD WAY Address: 3716 BUTTONWOOD WAY Address: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 341123348 City-St-Zip:

Title: () Delete Title: (X) Change () Addition TAGGERT, ELEEN Name: TAGGART, EILEEN Name:

Address: 3748 BUTTONWOOD WAY Address: 3748 BUTTONWOOD WAY City-St-Zip: NAPLES, FL 341123348 City-St-Zip: NAPLES, FL 34112

Title: () Delete Title: STD (X) Change () Addition

SPEARS, PAULETTE SPEARS, PAULETTE Name: Name: 5229 LITTLE CEDAR LANE 3688 BUTTONWOOD WAY Address: Address: City-St-Zip: WEST BEND, WI 53095 City-St-Zip: NAPLES, FL 34112

Title: MAS (X) Delete Title: () Change () Addition

Name: MEGHUEGI, BETTINA Name: 171 COMMERCIAL BLVD Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD HATHAWAY PD 01/11/2006