2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007
Secretary of State

DOCUMENT# N01000003564

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

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109

New Mailing Address:

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

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A
C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 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: HATHWAY, DONALD
Address: 3716 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete
Name: TAGGART, EILEEN
Address: 3748 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

Title: STD ( ) Delete
Name: SPEARS, PAULETTE
Address: 3688 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SPEARS, RON
Address: 3688 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

Title: VD (X) Change ( ) Addition
Name: HATHAWAY, DON
Address: 3716 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

Title: STD (X) Change ( ) Addition
Name: MILES, SYLVEEN
Address: 3760 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

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: RON SPEARS PD 03/16/2007

Electronic Signature of Signing Officer or Director — Date