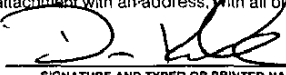


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 035 ****61.25

DOCUMENT # N02000001940 1. Entity Name VILLAS III AT CEDAR HAMMOCK ASSOCIATION, INC.			
Principal Place of Business 10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912		Mailing Address 10481 SIX MILE CYPRESS PKWY. FT. MYERS, FL 33912	
2. Principal Place of Business Tropical Isles Mgmt Suite, Apt. #, etc. 12734 Kenwood Ln, #49 City & State Ft. Myers, FL Zip 33907 Country USA		3. Mailing Address Tropical Isles Mgmt Suite, Apt. #, etc. 12734 Kenwood Ln #49 City & State Ft. Myers, FL Zip 33907 Country USA	
6. Name and Address of Current Registered Agent SWALM & BOURGEAU, P.A. 2375 TAMiami TRAIL N., SUITE 308 NAPLES, FL 33940		7. Name and Address of New Registered Agent Name Tropical Isles Management Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln, #49 City Ft. Myers FL Zip Code 33907	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECTOR, GAIL 10481 SIX MILE CYPRESS PKY. FT. MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas Cook 3981 Cordgrass Way Naples, FL 34112 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKY. FT. MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard Loree 4004 Cordgrass Way Naples, FL 34112 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, ALAN 10481 SIX MILE CYPRESS PKY. FT. MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Susan Lyons 3997 Cordgrass Way Naples, FL 34112 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM Don Reedding 12734 Kenwood Lane Ft. Myers, FL 33907 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 5/1/05 (239) 939-2999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	