

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90177 017 ***61.25

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1. Entity Name
VILLAS IV AT CEDAR HAMMOCK ASSOCIATION, INC.



Principal Place of Business
10481 SIX MILE CYPRESS PARKWAY
FT. MYERS, FL 33912-6460

Mailing Address
10481 SIX MILE CYPRESS PARKWAY
FT. MYERS, FL 33912-6460

4008000



2. Principal Place of Business

3. Mailing Address

tropical Isles
MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907

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MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907

04272006 Chg-NP CR2E037 (4/06)

4. FEI Number
57-1193856

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWALM & BOURGEOIS, P.A.
2375 TAMiami TRAIL N.
SUITE 308
NAPLES, FL 33940

Name
Street Address
City

7. Name and Address of New Registered Agent

tropical Isles
MANAGEMENT SERVICES, INC.
12734 Kenwood Ln., Suite 49
Ft. Myers, FL 33907

FL Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE PD ☒ Delete
NAME SPECTOR, GAIL
STREET ADDRESS 10481 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FT. MYERS, FL 339126460

TITLE DV ☒ Delete
NAME MCMURRAY, DARIN
STREET ADDRESS 10481 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FT. MYERS, FL 339126460

TITLE STD ☒ Delete
NAME BURNS, ALAN
STREET ADDRESS 10481 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FT. MYERS, FL 339126460

TITLE ASM ☐ Delete
NAME ROEDDING, DAN
STREET ADDRESS 12734 KENWOOD LN #49
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Ron Rellinger
STREET ADDRESS 3753 Buttonwood Way
CITY-ST-ZIP Naples, FL 34112

TITLE ☐ Change ☒ Addition
NAME VP Tony Santariga
STREET ADDRESS 3789 Buttonwood Way
CITY-ST-ZIP Naples, FL 34112

TITLE ☐ Change ☒ Addition
NAME Trer Mason Roberts
STREET ADDRESS 3729 Buttonwood Way
CITY-ST-ZIP Naples, FL 34112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

[Signature]
Daytime Phone #