

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008134

FILED
Apr 07, 2009
Secretary of State

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

Current Principal Place of Business:

TROPICAL ISLE MGMT SERVICES
12734 KENWOOD LN. STE 49
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

TROPICAL ISLE MGMT SERVICES
12734 KENWOOD LN. STE 49
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 57-1193856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MGMT. SERVICES
12734 KENWOOD LN. STE 49
FORT MYERS, FL 33907 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: ST () Delete
Name: ROBERTS, MASON
Address: 3769 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

Title: P () Delete
Name: RELLINGER, RON
Address: 3753 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: SANTARIGA, TONY
Address: 3789 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: BOLTON, GENE
Address: 3805 BUTTONWOOD WAY
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MILISSA LINDSEY

RA

04/07/2009

Electronic Signature of Signing Officer or Director

Date