

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008134

**FILED**  
**Mar 27, 2010**  
**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  
**Name:** BOLTON, GENE  
**Address:** 3805 BUTTONWOOD WAY  
**City-St-Zip:** NAPLES, FL 34112

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** RON RELLINGER

P

03/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date