FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

CIMARRONE PROPERTY OWNERS ASSOCIATION, INC.

FILED Mar 02 1998 8:00am Secretary of State

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Principal Plac	e of Business	Malling Address	Malling Address			
2690 CHMARRO		2680 CIMARRONE BLVD.			3. Date Incorporated or Qualified	
JACKSONVILLE	FF 35598	JACKSONVILLE FL 32259			05/24/1988	
					4. FEI Number Applied For 59-2935889 Not Applicable	
2. Principal Place of Business 2a. Mailing Address					- 60 75	
21	igos of Dasirioos	26			5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27	\		Trust Fund Contribution Added to Fees	
City & State	e	City & State			7. Is this nonprofit corporation a hopeowners association? Yes No	
Zip	Country	Zip	Countr		8. This corporation owes or has paid the current year intangible	
24	25	29 34	0		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent	<u> </u>		10. Name and Address of New Registered Agent	
			81	Name)	
	VAY, RICHARD G		82	Street	t Address (P.O. Box Number is Not Acceptable)	
10151 DEERWOOD PARK BLVD., BLDG. 100			_			
SUITE 2			83			
JACKSU	NVILLE FL 32256		84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statutes	, the abov	e-named	d corporation submits this statement for the purpose of changing its registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				ent signature	ra required when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD IAMES C	☐ DELETE	1.1 TITLE		Change Addition	
NAME	LABAR, JAMES C 2690 CIMARRONE BLVD.		1.2 NAME	* *******		
STREET ADDRESS	JACKSONVILLE FL 32259			T ADDRESS		
CITY-SI-ZIP TITLE	VD	DELETE	1.4 CITY-1 2.1 TITLE	51-211	Change Addition	
NAME	HOSKINS, RAMONA E		2.2 NAME			
STREET ADDRESS	2690 CIMARRONE BLVD.			T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32259		2. 4 CITY-		784 1.0	
TITLE	DST	DELETE	3.1 TITLE		Change Addition	
NAME	LABAR, KATHRYN L		3.2 NAME			
STREET ADDRESS	2690 CIMARRONE BLVD.		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32259		3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS	·	
CITY-ST-ZIP		DELETE	4.4 CITY	ST-ZIP	Change Addition	
TITLE		C DECEIE	5.1 TITLE		Li Citalige Li Audulios	
NAME OTOCET ADDOCES			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY- 6.1 TITLE	01-7H.	Change Addition	
NAME			6.2 NAME		Long County Long County	
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
	certify that the information supplied v	vith this filing does not qualify for			ted in Section 119.07(3)(i), Florida Statutes. I further certify that the Information	