


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26597**  
1. Entity Name  
**CIMARRONE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**200 BUSINESS PARK CR  
STE 101  
SAINT AUGUSTINE, FL 32095**      **200 BUSINESS PARK CR  
STE 101  
SAINT AUGUSTINE, FL 32095**

**DO NOT WRITE IN THIS SPACE**



03042004 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-2935889**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**HATHAWAY, RICHARD G  
50 A1A NORTH  
STE 102  
PONTE VEDRA BEACH, FL 32082**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000111017  
04/12/04-80106-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LABAR, JAMES C 317 MOHAVE WAY JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MURPHY, MICHAEL 3117 MOHAVE WAY JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LABAR, KATHRYN L 2690 CIMARRONE BLVD. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MURPHY, PATRICK 3117 MOHAVE WAY JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  \_\_\_\_\_  
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/9/04**

Daytime Phone # \_\_\_\_\_