

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


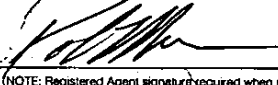
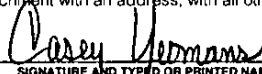
FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90045 048 ****61.25

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01062005 Chg-NP CR2E037 (10/03)

DOCUMENT # N26597			
1. Entity Name CIMARRONE PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 200 BUSINESS PARK CR STE 101 SAINT AUGUSTINE, FL 32095		Mailing Address 200 BUSINESS PARK CR STE 101 SAINT AUGUSTINE, FL 32095	
2. Principal Place of Business 6028 CHESTER AVE. Suite, Apt. #, etc. # 202		3. Mailing Address P.O. Box 57911 Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32217	Country U.S.A.	Zip 32241	Country U.S.A.
4. FEI Number 59-2935889		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name: PENN, PATRIC R. Street Address (P.O. Box Number is Not Acceptable) 6028 CHESTER AVE. # 202 City: JACKSONVILLE FL Zip Code: 32217	
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: PATRIC R. PENN  DATE: 1/6/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LABAR, JAMES C 317 MOHAVE WAY JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RALPH BRANDEWIEDE 4929 BLACKHAWK DRIVE JACKSONVILLE, FL, 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, MICHAEL 3117 MOHAVE WAY JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stephen Hack 4932 Blackhawk Jacksonville, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LABAR, KATHRYN L 2690 CIMARRONE BLVD. JACKSONVILLE, FL-32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BRIAN A. VITETTA 4552 E. SENECA DR JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURPHY, PATRICK 3117 MOHAVE WAY JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CASEY YEOMANS 3044 SANTEE PL. JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: CASEY YEOMANS 		DATE: 1/6/05 DAYTIME PHONE #: 904-260-9183	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	