


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90043 050 ****61.25

DOCUMENT # N26597

1. Entity Name
CIMARRONE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**6028 CHESTER AVE STE 202
 JACKSONVILLE, FL 32217**

Mailing Address
**PO BOX 57911
 JACKSONVILLE, FL 32241**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
C/O MAY MGMT SVC, INC.
 Suite, Apt. #, etc.
5455 US HWY A1A SOUTH
 City & State
ST. AUGUSTINE, FL.
 Zip
32080



01042006 Chg-NP CR2E037 (11/05)

Country
USA

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
PENN, PATRIC R
6028 CHESTER AVE STE202
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent
 Name
MAY MANAGEMENT SVC., INC.
 Street Address (P.O. Box Number is Not Acceptable)
5455 U.S. HWY A1A SOUTH
 City
ST. AUGUSTINE **FL** Zip Code
32080

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 *Joseph J. Cona* **Treasurer** **1/18/06**
Signature, typed or printed name of both filer and agent, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDEWIDGE, RALPH 4929 BLACKHAWK DRIVE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACK, STEPHEN 4932 BLACKHAWK DRIVE JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VITGYTA, BRIAN A 4552 E SENECA DR JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT YEOMANS, CASEY 3044 SANTEE PL JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSE PEREZ 4561 EAST SENECA DR. JACKSONVILLE, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BENSON TROBAUGH 5100 SIQUAN LANE JACKSONVILLE, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOE CONA 2681 SENECA DR. JACKSONVILLE, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 PEGGY NIELSON 3272 SEQUOYAH CR. JACKSONVILLE, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joseph J. Cona 2681 SENECA DR JACKSONVILLE FL 32259	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: *Joseph J. Cona* **2/2/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #