

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001169

**FILED**  
**Feb 19, 2015**  
**Secretary of State**  
**CC5691356484**

**Entity Name:** CIMARRON COVE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

7900 GLADES ROAD  
SUITE 600  
BOCA RATON, FL 33434

**Current Mailing Address:**

6400 N ANDREWS AVENUE, SUITE 500  
FT LAUDERDALE, FL 33309

**FEI Number:** 26-4441235

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EDGAR, III, CHARLES W  
8409 S MILITARY TRAIL  
SUITE 123  
PALM BCH GARDENS, FL 33410 US

*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

**Officer/Director Detail :**

Title D  
Name ROSENBERG, JEFFREY M  
Address 6400 N ANDREWS AVE, STE 500  
City-State-Zip: FT LAUDERDALE FL 33309

Title D  
Name WEINER, BRUCE  
Address 6400 N ANDREWS AVENUE, SUITE 500  
City-State-Zip: FT LAUDERDALE FL 33309

Title D  
Name PERTNOY, RONNIE  
Address 3222-C COMMERCE PLACE  
City-State-Zip: WEST PALM BEACH FL 33407

Title VP  
Name LOCOCO, RICHARD M  
Address 601 BAYSHORE BLVD SUITE 650  
City-State-Zip: TAMPA FL 33606

*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:** RICHARD LOCOCO

VP

02/19/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date