

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001169

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

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC1977847629**

**Current Principal Place of Business:**

601 BAYSHORE BOULEVARD  
SUITE 650  
TAMPA, FL 33606

**Current Mailing Address:**

601 BAYSHORE BOULEVARD  
SUITE 650  
TAMPA, FL 33606 US

**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/VP  
Name PERTNOY, RONNIE  
Address 3222-C COMMERCE PLACE  
City-State-Zip: WEST PALM BEACH FL 33407

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

Title D/S.T.  
Name MEEHAN, JEFFREY B  
Address 601 BAYSHORE BOULEVARD  
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: JEFFREY MEEHAN**

**DIRECTOR**

**04/27/2017**

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

\_\_\_\_\_  
Date