## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

747257 DOCUMENT #

(4)

CIMARRON HOMEOWNER'S ASSOCIATION INC

	ONTAINON HOMEOWILLI & ASSOCIATION, INC.																
Pi	rincipal Place	of Business				Ma	iling Address					-{					
					11 CIMARRON CIR NW												
1011 CIMARRON CIR NW   1011 CIMARRON   BRADENTON FL 34209-8139   BRADENTON FL																	
													Date Incorporated or Qualified	3a. Date			
	Dringingt Of	ace of Busine				2a. Mailing Address							05/18/1979	00	/01/1	<del></del>	
21	Filincipar Fi	ace or busini	388		F-	26						4. FEI Number Applied For Not Appliedble					
22	Suite, Apt. #, etc.						Suite, Apt. #, etc.					5.	Certificate of Status Desired		•	5 Additional	
22	City & State					City & State						6.	Election Campaign Financing	<del></del>		Required  May Be	
23							28					Trust Fund Contribution Added to Fees					
24	Zip	Country 25			ļ.	Zip Cou			Country	untry			This corporation has liability for int			3. 199.032,	
24	9. Name and Address of Curren												Florida Statutes Yes No  10. Name and Address of New Registered Agent				
						=			81	Ī	Name			,,			
MILLER, MIKE											Street Addres	ddress (P.O. Box Number is Not Acceptable)					
1011 CIMARRON CIR NW BRADENTON FL 34209									83	_							
	DINDLIN	110H.J.	209														
									84		City					tip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.															registered office d agent, 1 am		
<u> </u>	familiar wi	th, and accep	ot the o	bligations of, Se	ection 6	17.C	)503, Florida Statute	es.	·						•	J	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requ												hen rei	instating)	DATE			
1:		OFFICERS AND DIRECTORS 13							13.				ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECT	ORS IN 12	
TI		D WILDERMUTH, ART				_			I.1 TITLE						Change	☐ Addition	
	ME	1404 ORIGINADONI OID BIOL							.2 NAME								
	REET ADDRESS TY-ST-ZIP	DDADENTON EL 00000							.3 STREET								
TIT		D					DELETE		1.4 CITY-S 2.1 TITLE	1-1	73	· ··		r	Change	Addition	
	JME	PATTISON, HERBERT			•			2.2 NAME		Ras	BRADENTON, FL 34205  DS MARTIN GUTFREUND Change E			<b>LE</b> MODITION			
¢T	PEST ADDRESS 1111 CIMARRON CIR NW				2.35					STREET ADDRESS 912			CIMARRON CH	i N W	,		
	T-01-21	ום שושום	TON,	FE 00000				1 2	2. 4 DITY-5	ST-	ZIP BR	In.	DENTON, FL 3	1420	4		
TI	LE	D					DELETE	3	3.1 TITLE		103	~ ~ ~	/		Change	Addition Addition	
NA	ME	DYE, ST					•	3	3.2 NAME		/A PA	RT	CIMARRON CIR	1111		,	
	REET ADDRESS			ON CIR NW					3.3 STREET	AD	DDRESS /00	7	CIMARGEON - IC		-4		
_	TY-ST-ZIP	TD	HON,	FL 00000			Filograph		3.4 CITY-S	-18	21P / / S F	<u>Kn</u>	+ DENTON, FL 3	31/20	9		
10		MILLER,	MIKE				<u> </u>		I.1 TITLE				,		Unange	☐ Addition	
	ME Réet address			ON CIR NW					I. 2 NAME		200500						
	ree i Address TY-ST-ZIP			FL 00000					I.3 STREET I.4 CITY - S								
TIT		DP					DELETE		i.1 TITLE	1 - 2	<u>"                                    </u>				Change	<b>☑</b> Addition	
N.A	ME	CASTNE	R, DO	N			<i>T</i> *		i.2 NAME		30	th/V	BENSON		,	90	
\$T	REET ADDRESS	1008 CII	MARRO	OW CIR NW					.3 STREET	AD	DRESS 90	4	CIMARRONCIR	NW			
ÇII	TY-ST-ZIP	BRADEN	ITON F	i.				5	i.4 CITY-S	T - 2	ZIP BA	A)	BENSON CIMARRONCIR DENTON, FL 3	4209			
TIT	LE	DS					DELETE	6	.1 TITLE		D			垃	Change	☐ Addition	
NA	ME			EDWARD				ē	i.2 Name		[						
	REET ADDRESS			N CIR NW				6	3.3 STREET	AD	DRESS						
	Y-ST-ZIP	BRADEN			الاستعاري الم	hie '	Elina in tall 12. 9	<u> </u>	4 CITY-S	T - Z	ZIP	A1		70.4	. A: :		
14	certify that oath; that appears in	t the informat I am an offici Block 12 or	ine into ion indi er or dir Block	mation stipplier cated on this an ector of the∤cor 13 j∕changed, o	o with 1 noual rep poration or of the	nis f port n or atta	ing is voluntarily fur or supplemental and the receiver or trust whenent with an add	nisned a nual repi ee empo dress.	ina does ort is tru owered t	s r le :	not quality for and accurate execute this r	the e and report	exemption stated in Section 119.07 that my signature shall have the sa t as required by Chapter 617, Flori	(৪)(k), Florid me legal eff da Statutes;	a Statu ect as and th	ites. I further if made under nat my name	

SIGNATURE:

WWW MIKE
TEO NAME OF SIGNING OFFICER OF DIRECTOR

4-29-96