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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747257 (4)
1. Corporation Name
CIMARRON HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 1111 CIMARRON CIR NW BRADENTON FL 34209-8139 US	Mailing Address 1111 CIMARRON CIR NW BRADENTON FL 34209-8139 US
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3. Date Incorporated or Qualified
05/18/1979

4. FEI Number
59-2024852

Applied For	
Not Applicable	

21. Principal Place of Business 916 CIMARRON CIR NW	2a. Mailing Address 916 CIMARRON CIR NW
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State BRADENTON, FL	28. City & State BRADENTON, FL
24. Zip 34209	25. Country USA
29. Zip 34209	30. Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**PATTISON, HERBERT
1111 CIMARRON CIR NW
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81. Name ADOLPHSON, EDWARD
82. <input type="checkbox"/> 916 CIMARRON CIR NW Acceptable
83. <input type="checkbox"/>
84. City BRADENTON, FL
85. 34209

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 office 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Edw. J. Adolphson*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME PATTISON, HERBERT	
STREET ADDRESS 1111 CIMARRON CIR NW	
CITY-ST-ZIP BRADENTON, FL 00000	
TITLE DV	<input checked="" type="checkbox"/> DELETE
NAME CHALTIS, WILLIAM	
STREET ADDRESS 1107 CIMARRON CIR NW	
CITY-ST-ZIP BRADENTON, FL 00000	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME WILSON, GREGORY	
STREET ADDRESS 919 CIMARRON CIR NW	
CITY-ST-ZIP BRADENTON, FL 00000	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME PATTISON, JOANNE	
STREET ADDRESS 1111 CIMARRON CIR NW	
CITY-ST-ZIP BRADENTON, FL 00000	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BLACKWOOD, DEBBIE	
STREET ADDRESS 1208 CIMARRON CIR NW	
CITY-ST-ZIP BRADENTON FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CHALTIS, SPIRO	
STREET ADDRESS 1003 CIMARRON CIR NW	
CITY-ST-ZIP BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ADOLPHSON, EDWARD	
1.3 STREET ADDRESS 916 CIMARRON CIR NW	
1.4 CITY-ST-ZIP BRADENTON, FL 34209	
2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME LEVINSON, MIKE	
2.3 STREET ADDRESS 904 CIMARRON CIR NW	
2.4 CITY-ST-ZIP BRADENTON, FL 34209	
3.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME GOOD, JOAN	
3.3 STREET ADDRESS 1008 CIMARRON CIR NW	
3.4 CITY-ST-ZIP BRADENTON, FL 34209	
4.1 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME GUTFREUND, MARY	
4.3 STREET ADDRESS 1004 CIMARRON CIR NW	
4.4 CITY-ST-ZIP BRADENTON, FL 34209	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME STURM, JOHN	
5.3 STREET ADDRESS 915 CIMARRON CIR NW	
5.4 CITY-ST-ZIP BRADENTON, FL 34209	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edw. J. Adolphson* **EDW. J. ADOLPHSON** **19 MARCH 1998 941-792-3788**

CR2E037 (10/97)