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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747257

1. Corporation Name

CIMARRON HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

 916 CIMARRON CIRCLE NW
 BRADENTON FL 34209
 US

Mailing Address

 916 CIMARRON CIRCLE NW
 BRADENTON FL 34209
 US

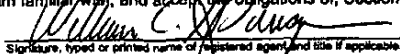

2. Principal Place of Business 21 1012 CIMARRON CIR. NW Suite, Apt. #, etc.		2a. Mailing Address 26 1012 CIMARRON CIR. NW Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/18/1979	
22 City & State 23 BRADENTON, FL		27 City & State 28 BRADENTON, FL		4. FEI Number 59-2024852	
24 Zip 34209		29 Zip 34209		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country US		30 Country US		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

8. Name and Address of Current Registered Agent
 ADOLPHSON, EDWARD
 916 CIMARRON CIRCLE NW
 BRADENTON FL 34209
10. Name and Address of New Registered Agent

81 Name	WILLIAM SPARRGROVE
82 Street Address (P.O. Box Number is Not Acceptable)	1012 CIMARRON CIR. NW
83	
84 City	BRADENTON
85 State	FL
86 Zip Code	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



 William Sparrgrove
 DATE 4/4/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	ADOLPHSON, EDWARD	1.2 NAME	WILLIAM SPARRGROVE
STREET ADDRESS	916 CIMARRON CIRCLE NW	1.3 STREET ADDRESS	1012 CIMARRON CIR. NW
CITY-ST-ZIP	BRADENTON, FL 00000 34209	1.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	VD	2.1 TITLE	VD
NAME	LEVINSON, MIKE	2.2 NAME	DON CASTNER
STREET ADDRESS	904 CIMARRON CIRCLE NW	2.3 STREET ADDRESS	1008 CIMARRON CIR. NW
CITY-ST-ZIP	BRADENTON, FL 00000 34209	2.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	DS	3.1 TITLE	
NAME	GOOD, JOAN	3.2 NAME	
STREET ADDRESS	1008 CIMARRON CIRCLE NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000 34209	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	GUTFREUND, MARY	4.2 NAME	
STREET ADDRESS	1004 CIMARRON CIRCLE NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000 34209	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STURM, JOHN	5.2 NAME	
STREET ADDRESS	915 CIMARRON CIRCLE NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 March 18, 1999 941-794-6109
 Daytime Phone #