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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

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



301159 - 90067 - 3

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

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADOLPHSON, EDWARD 916 CIMARRON CIRCLE NW BRADENTON FL 34209				81 Name	WILLIAM SPARRGROVE		
				82 Street Address (P.O. Box Number is Not Acceptable)	1012 CIMARRON CIR. NW		
				83			
				84 City	BRADENTON	FL	85 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 C. Sparrgrove* *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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William Sparrgrove* **SIGNATURE REQUIRED** March 18, 1999 941-794-6109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY