

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90145 036 ****61.25

DOCUMENT # 747257

1. Entity Name

CIMARRON HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1012 CIMARRON CIRCLE, NW
 BRADENTON FL 34209
 US

1012 CIMARRON CIRCLE, NW
 BRADENTON FL 34209
 US

2. Principal Place of Business

3. Mailing Address

1107 Cimarron Cir NW
 Suite, Apt. #, etc.

1107 Cimarron Cir NW
 Suite, Apt. #, etc.

City & State
 Bradenton FL

City & State
 Bradenton FL

4. FEI Number **59-2024852**

Applied For
 Not Applicable

Zip **34209** Country **USA**

Zip **34209** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPARRGROVE, WILLIAM
 1012 CIMARRON CIRCLE, NW
 BRADENTON FL 34209

Name **William Chattis**
 Street Address (P.O. Box Number is Not Acceptable)
1107 Cimarron Cir NW
 City **Bradenton FL** Zip Code **34209**

8. 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

Treas.

1/17/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPARRGROVE, WILLIAM 1012 CIMARRON CIRCLE, NW BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTNER, DON 1008 CIMARRON CIRCLE, NW BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOOD, JOAN 1008 CIMARRON CIRCLE NW BRADENTON, FL 00000 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUTFREUND, MARY 1004 CIMARRON CIRCLE NW BRADENTON, FL 00000 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURM, JOHN 915 CIMARRON CIRCLE NW BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Steve Aye 1007 Cimarron Cir NW Bradenton FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Darryl Weaver 1115 Cimarron Cir NW Bradenton FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Dale Willis 1116 Cimarron Cir NW Bradenton FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD William Chattis 1107 Cimarron Cir NW Bradenton FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herbert Pattison 1111 Cimarron Cir NW Bradenton FL 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED William Chattis 1/17/01 941-792-3743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)