

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819205

1. Corporation Name

CIMARRON APARTMENTS, INC.

Principal Place of Business

Mailing Address

**340 Weddington-Marvin Road
Weddington NC 28173**

SAME

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/11/73

05/01/95

4. FEI Number

75-1097595

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**ABERNETHY, BRUCE R., ESQ.
900 Virginia Ave.
Suite G
Fort Pierce FL 34950**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent at the time of filing

Signature, typed or printed name of registered agent at the time of filing

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME **HOLLAND, R. CALVIN**
STREET ADDRESS **340 Weddington-Marvin Road**
CITY-STATE-ZIP **Weddington NC 28173**

TITLE ☐ DELETE

VD
NAME **HOLLAND, STANLEY**
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

SD
NAME **HOLLAND, BETTY M.**
STREET ADDRESS **340 Weddington Road**
CITY-STATE-ZIP **Weddington NC 28173**

TITLE ☐ DELETE

VD
NAME **HOLLAND K. TODD**
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

VD
NAME **MOORMAN, DEBRA H.**
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**75 West End Avenue
Apt P 32 D
NY NY 10023**

**200001800602
-04/30/96--01017--022
***200.00**

**121 Lafitte Drive
Waveland MS 39576**

**1908 Capers Court
Raleigh NC 27612**

**Moorman, Thomas O.
1908 Capers Court
Raleigh, NC 27612**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I am not a registered agent.

SIGNATURE:

R. Calvin Holland, PRESIDENT

04-19-96

704-846-1029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Calvin Holland

CR2E034 (12/95)

DEF
4-29-96