

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90186 047 ***150.00

DOCUMENT # 819205

1. Entity Name

CIMARRON APARTMENTS, INC.



Principal Place of Business

340 REA RD
WEDDINGTON NC 28173

Mailing Address

PO BOX 78915
CHARLOTTE NC 28271

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 75-1097595

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

ABERNETHY, BRUCE R., ESQ.
900 VIRGINIA AVE.
SUITE G
FT. PIERCE FL 34950

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HOLLAND, R. CALVIN
STREET ADDRESS 340 WEDDINGTON-MARVIN RD
CITY-ST-ZIP WEDDINGTON NC 28173

TITLE VD ☐ Delete
NAME HOLLAND, STANLEY
STREET ADDRESS 75 WEST END AVENUE APT. P 32-D
CITY-ST-ZIP NEW YORK NY 10023

TITLE SD ☐ Delete
NAME HOLLAND, BETTY M.
STREET ADDRESS 340 WEDDINGTON-MARVIN RD
CITY-ST-ZIP WEDDINGTON NC 28173

TITLE VD ☐ Delete
NAME HOLLAND, K. TODD
STREET ADDRESS 121 LAFITTE DRIVE
CITY-ST-ZIP WAVELAND MS 39576

TITLE VD ☐ Delete
NAME MOORMAN, DEBRA H
STREET ADDRESS 633 WOODS WAY (NO CHANGE)
CITY-ST-ZIP WAKE FOREST NC 27587

TITLE VD ☐ Delete
NAME MOORMAN, THOMAS O
STREET ADDRESS 633 WOODS WAY (NO CHANGE)
CITY-ST-ZIP WAKE FOREST NC 27587

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 340 REA ROAD
STREET ADDRESS WAXHAW NC 28173
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 340 REA ROAD
STREET ADDRESS WAXHAW NC 28173
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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: *R. Calvin Holland* PRES-04-19-04 919-6276-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #