## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N05000002004**

1. Entity Name

CIMARRON PROPERTY OWNERS ASSOCIATION, INC.



FILED Feb 14, 2007 8:00 am Secretary of State

02-14-2007 90045 023 \*\*\*\*61.25

Daytime Phone #

Principal Place of Business C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PKWY. SUNRISE, FL 33323		Mailing Address C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PKWY. SUNRISE, FL 33323										
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01042007	Chg-NP	CR2E03	7 (12/06)		
City & State			City & State				4. FEI Number 20-2478	350		_ <del>                                    </del>	plied For t Applicable	
Zip	Country	)	untry		5. Certificate of Status Desired S8.75 Ad Fee Require							
	6. Name and Address of Current	Registere					7. Name and Address of New Registered Agent					
KATZMAN		Name Street Address (P.O. Box Number is Not Acceptable)										
1501 NW 49 ST SUITE 202 FORT LAUDERDALE, FL 33309						direct Address (1.0. Dox (diffice) is Not Acceptable)						
					City			· · -	FL	Zip Code	9	
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												
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make check payable to Florida Department of State					
10.	OFFICERS AND DI	RECTORS	,	11.			ADDITIONS/CHAI	NGES TO OFFIC	ERS AND DIF	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSHIAVO, LISA 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		Delete			Pres	sident helle Ju Saugra	ohnson SSCOMP	PLWY	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLETTO, RONALD 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		Delete			TYTIS	asuver fany No nu se i	pland ass Con	n Pku 323	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NOLAND, ROBERT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	,	Delete			1517 1517 150 150 150 150 150 150 150 150 150 150	retant I Schiff Sawgra Mise F	ss <i>Corp</i> [ 333	121LWY 23	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENBERG, ERIC 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	,	Delete				,			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, MISSY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	,	Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

CHECK NO.: 000305 Voucher No. Net Amount 61.25 00387 CHECK DATE: 01/10/07 Description ANNUAL CORPORATE Discount 00.00 00.0 Amount 61.25 61.25 Inv. Date 01/05/07 (3186)Invoice; No. ? 010507\* TOTAL

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#N0500002004