

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31874 (3)
1. Corporation Name
THE CIMARRONE CLUB, INC.



Principal Place of Business
**2690 CIMARRONE BLVD
JACKSONVILLE FL 32259**

Mailing Address
**2690 CIMARRONE BLVD
JACKSONVILLE FL 32259**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMON, BERT D
1660 PRUDENTIAL DRIVE
SUITE 200
JACKSONVILLE FL 32207

81 Name

Richard B Hathaway P.A.

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

7077 Bonpetre Road 10151 Deerwood Park
Suite 200 Blvd, Bldg 100 Ste. 250

83

84

City **Jacksonville**

FL

85 Zip Code

32216-32256

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
LABAR, KATHRYN WATKINSON
2690 CIMARRONE BLVD.
JACKSONVILLE FL 32259

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
HOSKINS, RAMONA E.
2690 CIMARRONE BLVD.
JACKSONVILLE FL 32259

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
MCRAE, BARNEY E. III
2690 CIMARRONE BLVD.
JACKSONVILLE FL 32259

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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.

SIGNATURE:

Barney E. McRae III

BARNEY E. McRae III

Date

4/17/96

Daytime Phone #

904 281-3200

CR2E037 (12/95)