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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

NENT # NO1074

DOCUMENT # N31874 (3) THE CIMARRONE CLUB, INC.						E 1801/1001 BED 1141	    11 <b>60</b> 2   <b>16</b> 11   <b>166</b> 91	0141 0146 <b>8</b> 10	II <b>Bib</b> ir <b>bib</b> ir	OLUM BINI ING	
incipal Place	of Business			ailing Address							
2690 CIMARF	RONE BLVD LE FL 32259			2690 CIMARRONE JACKSONVILLE FI							
							3. Date Incorporated 04/21/198			te of Last F 04/26/1	
Dringing Di	ace of Busine	200	28	. Mailing Address	<del></del>		4. FEI Number			<del></del>	pplied For
FIFICIPALTI	ace of Dusine		26	Trialing Floating			52-163363	32			lot Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.			5. Certificate of Statu		\$8.75 Additional Fee Required		
City & State			27	City & State			6. Election Campaign	Financing	<del></del>		May Be
City & State	e		28	Oily & Olate			Trust Fund Contrib	•			to Fees
Zip		Country		Zip	<u> </u>	ountry	8. This corporation h				199.032,
		25	29	dared Agent	30	<del></del>	Florida Statutes  10. Name and Addre	_	Yes		
	9, Name	and Address of Cur	rent Hegis	stered Agent		81 Name	-	1			
SIMON, BERT C 1660 PRUDENTIAL DRIVE SUITE 2005 JACKSONVILLE FL 32207						82 Street Addr	chne 6 mi ress (P.O. Box Number is	Not Acceptable	<u> </u>		
						7077	BONDEVAL ROAD 10		151 D	ecwe	od Pa
						83 6.1	- Rly	-Rlyd Ble	~ 1 NO	54/	2.25
						84 City		$\alpha$ , $\alpha$	AIT.	85 Zir	Code
							ACAMAJA III		FL	.     24	71107279P
Dursuant or register	to the provisi	ions of Sections 617.05 both, in the State of Fi	502 and 61 lorida, Suc	17.1508, Florida S h change was aul	statutes, the at	pove-named corporation's boar	ACCONVILL ration submits this statement and of directors. I hereby ac	ent for the pur coept the appo	pose of cha pintment as	anging its registered	egistered office agent. I am
Dursuant or register familiar with the second	Va	ions of Sections 617.05 both, in the State of Fi pot me obligations of, 9 or printed name of registered e	Ma	thaus		pove-named corporation's boar	ration submits this statem rd of directors. I hereby a d when reinstaling)		DATE	7.7	<u> </u>
GNATURE	Signature, typed	d. 1/6 6	Ta gent and title if	47 auri explicable. CTORS	OTE Register	oove-named corpor e corporation's boar red Agent signature required 3.	ration submits this statement of directors. I hereby ac		DATE ICERS AND	DIRECTO	RS IN 12
IGNATURE  2. TLE	Signature, typed	or printed name of registered e	geril and title if AND DIREC	47 auri	(NOTE Register	pove-named corporation's boar acorporation's boar ad Agent signature required 3.	ration submits this statem rd of directors. I hereby a d when reinstaling)		DATE ICERS AND	7.7	<u> </u>
GNATURE  2. TLE	Signature, typed PD LABAR	or printed name of registered er OFFICERS	geril and title if AND DIREC	47 auri explicable. CTORS	(NOTE Register 13 1.1 1.2	pove-named corporation's boar ad Agent signature required 3.  TITLE  NAME	ration submits this statem rd of directors. I hereby a d when reinstaling)		DATE ICERS AND	DIRECTO	RS IN 12
IGNATURE  2. TLE  AME TREFT ADDRESS	Signature, typed PD LABAR 2690 C	or printed name of registered and of FICERS.  KATHRYN WATKIN HARRONE BLVD.	geril and title if AND DIREC	47 auri explicable. CTORS	13 1.1 1.2 1.3	pove-named corporation's boar acorporation's boar ad Agent signature required 3.	ration submits this statem rd of directors. I hereby a d when reinstaling)		DATE ICERS AND	DIRECTO	RS IN 12
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GNATURE  2.  LE  ME  REFT ADDRESS  IY-ST-ZIP	Signature, typed PD LABAR 2690 C JACKS VD HOSKII	OFFICERS,  KATHRYN WATKIN  MARRONE BLVD.  ONVILLE FL 32259  NS, RAMONA E.	geril and title if AND DIREC	erpicable. CTORS DELETE	13 1.1 1.2 1.3 1.4	pove-named corporation's boar ad Agent signature requires 3. TITLE NAME STREET ADDRESS LCITY-ST-ZIP	ration submits this statem rd of directors. I hereby a d when reinstaling)		DATE ICERS AND	DIRECTO	ORS IN 12
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GNATURE  LE ME REFI ADDRESS Y-S1-ZIP LE ME REFI ADDRESS (Y-S1-ZIP) LE	Signature, typed PD LABAR 2690 C JACKS VD HOSKII 2690 C JACKS STD	OFFICERS,  KATHRYN WATKIN  MARRONE BLVD.  ONVILLE FL 32259  NS, RAMONA E.  CIMARRONE BLVD.  ONVILLE FL 32259	geril and title if AND DIREC	erpicable. CTORS DELETE	10 OTE Register Regis	pove-named corporation's boar ad Agent signature requires 3. TITLE NAME STREET ADDRESS LCITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP TITLE	ration submits this statem rd of directors. I hereby a d when reinstaling)		DATE ICE RS AND	DIRECTO	PRS IN 12
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BARNEY E MUNE TO SIGNING OFFICER OR DIRECTOR DAYS OF CORE DAYS OF CORE