2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# N94000001340

Entity Name: CIMARRON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 8208
LAKELAND, FL 33802

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8208
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3276608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BEARD, MARTHA
5142 CIMARRON DR
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: BEARD, MARTHA
Address: 2142 CIMARROW DR.
City-St-Zip: LAKELAND, FL 33813

Title: S ( ) Delete
Name: GOMEZ, ARSO
Address: 5140 CIMARROW DR.
City-St-Zip: LAKELAND, FL 338132

Title: DP ( ) Delete
Name: SMITH, JOSEPH
Address: 5146 CIMARROW DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: BEARD, MARTHA
Address: 5142 CIMARRON DR.
City-St-Zip: LAKELAND, FL 33813

Title: S (X) Change ( ) Addition
Name: GONZALES, ANN
Address: 5140 CIMARRON DR.
City-St-Zip: LAKELAND, FL 33813

Title: P (X) Change ( ) Addition
Name: MAUL, ROBERT
Address: 5120 CIMARRON DR
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA BEARD T 01/18/2005
Electronic Signature of Signing Officer or Director — Date