

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **747257** (4)

1. Corporation Name

CIMARRON HOMEOWNER'S ASSOCIATION, INC.

95 MAY -1 AM
SECRETARY OF ST.
TALLAHASSEE, FLO.

Principal Place of Business: **1011 CIMARRON CIR NW BRADENTON FL 34209-8139**
Mailing Address: **1011 CIMARRON CIR NW BRADENTON FL 34209-8139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/18/1979**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2024852**
Applied For: Not Applicable:

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Zip, Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 189.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MILLER, MIKE
1011 CIMARRON CIR NW
BRADENTON FL 34209**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WILDERMUTH, ART
STREET ADDRESS	1104 CIMARRON CIR NW
CITY, ST, ZIP	BRADENTON, FL 00000
TITLE	D
NAME	PATTISON, HERBERT
STREET ADDRESS	1111 CIMARRON CIR NW
CITY, ST, ZIP	BRADENTON, FL 00000
TITLE	D
NAME	DYE, STEPHEN
STREET ADDRESS	1007 CIMARRON CIR NW
CITY, ST, ZIP	BRADENTON, FL 00000
TITLE	TD
NAME	MILLER, MIKE
STREET ADDRESS	1011 CIMARRON CIR NW
CITY, ST, ZIP	BRADENTON, FL 00000
TITLE	DP
NAME	CASTNER, DON
STREET ADDRESS	1008 CIMARRON CIR NW
CITY, ST, ZIP	BRADENTON FL
TITLE	DS
NAME	ADOLPHSON, EDWARD
STREET ADDRESS	916 CIMARRON CIR NW
CITY, ST, ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 as an attached report with an address.

SIGNATURE: Mike Miller **MIKE MILLER** 4-28-95 (813) 258-6550
DATE: _____