

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 # 747257 (4)
1. Corporation Name
CIMARRON HOMEOWNER'S ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **05/18/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2024852**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29, 30
Country: 25, 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, MIKE
1011 CIMARRON CIR NW
BRADENTON FL 34209**

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

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILDERMUTH, ART	
STREET ADDRESS	1104 CIMARRON CIR NW	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATTISON, HERBERT	
STREET ADDRESS	1111 CIMARRON CIR NW	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DYE, STEPHEN	
STREET ADDRESS	1007 CIMARRON CIR NW	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, MIKE	
STREET ADDRESS	1011 CIMARRON CIR NW	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CASTNER, DON	
STREET ADDRESS	1008 CIMARRON CIR NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ADOLPHSON, EDWARD	
STREET ADDRESS	916 CIMARRON CIR NW	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT VAN WESS
2.3 STREET ADDRESS	912 CIMARRON CIR NW
2.4 CITY-ST-ZIP	BRADENTON, FL 34209
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARTIN GUTFREUND
3.3 STREET ADDRESS	1004 CIMARRON CIR NW
3.4 CITY-ST-ZIP	BRADENTON, FL 34209
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN BENSON
5.3 STREET ADDRESS	904 CIMARRON CIR NW
5.4 CITY-ST-ZIP	BRADENTON, FL 34209
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	
6.4 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIKE MILLER

4-29-96

Date

(941) 758-7375

Daytime Phone #

CR2E037 (12/95)