

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747257 (4)**  
 t. Corporation Name  
**CIMARRON HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>1111 CIMARRON CIR NW BRADENTON FL 34209-8139 US</b>	Mailing Address <b>1111 CIMARRON CIR NW BRADENTON FL 34209-8139 US</b>
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3. Date Incorporated or Qualified  
**05/18/1979**

4. FEI Number  
**59-2024852**

Applied For	
Not Applicable	

21. Principal Place of Business <b>916 CIMARRON CIR NW</b>	2a. Mailing Address <b>916 CIMARRON CIR NW</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>BRADENTON, FL</b>	28. City & State <b>BRADENTON, FL</b>
24. Zip <b>34209</b>	25. Country <b>USA</b>
29. Zip <b>34209</b>	30. Country <b>USA</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**PATTISON, HERBERT  
1111 CIMARRON CIR NW  
BRADENTON FL 34209**

10. Name and Address of New Registered Agent

81. Name	<b>ADOLPHSON, EDWARD</b>
82. Address	<b>916 CIMARRON CIR NW Acceptable)</b>
83. City	<b>BRADENTON, FL 85 34209</b>

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: *Edw. J. Adolphson*  
 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	<b>DP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PATTISON, HERBERT</b>
STREET ADDRESS	<b>1111 CIMARRON CIR NW</b>
CITY-ST-ZIP	<b>BRADENTON, FL 00000</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHALTIS, WILLIAM</b>
STREET ADDRESS	<b>1107 CIMARRON CIR NW</b>
CITY-ST-ZIP	<b>BRADENTON, FL 00000</b>
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, GREGORY</b>
STREET ADDRESS	<b>919 CIMARRON CIR NW</b>
CITY-ST-ZIP	<b>BRADENTON, FL 00000</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PATTISON, JOANNE</b>
STREET ADDRESS	<b>1111 CIMARRON CIR NW</b>
CITY-ST-ZIP	<b>BRADENTON, FL 00000</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BLACKWOOD, DEBBIE</b>
STREET ADDRESS	<b>1208 CIMARRON CIR NW</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHALTIS, SPIRO</b>
STREET ADDRESS	<b>1003 CIMARRON CIR NW</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ADOLPHSON, EDWARD</b>
1.3 STREET ADDRESS	<b>916 CIMARRON CIR NW</b>
1.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>
2.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LEVINSON, MIKE</b>
2.3 STREET ADDRESS	<b>904 CIMARRON CIR NW</b>
2.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>
3.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GOOD, JOAN</b>
3.3 STREET ADDRESS	<b>1008 CIMARRON CIR NW</b>
3.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>
4.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>GUTFREUND, MARY</b>
4.3 STREET ADDRESS	<b>1004 CIMARRON CIR NW</b>
4.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>STURM, JOHN</b>
5.3 STREET ADDRESS	<b>915 CIMARRON CIR NW</b>
5.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edw. J. Adolphson* **EDW. J. ADOLPHSON** **19 MARCH 1998 941-792-3788**

CR2E037 (10/97)