

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90145 036 ****61.25

DOCUMENT # 747257

1. Entity Name

CIMARRON HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1012 CIMARRON CIRCLE, NW
 BRADENTON FL 34209
 US

1012 CIMARRON CIRCLE, NW
 BRADENTON FL 34209
 US

2. Principal Place of Business

3. Mailing Address

1107 Cimarron Cir NW

1107 Cimarron Cir NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

59-2024852

Applied For

Not Applicable

Zip

Country

34209

USA

Zip

Country

34209

USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPARRGROVE, WILLIAM
 1012 CIMARRON CIRCLE, NW
 BRADENTON FL 34209

Name

William Chattis

Street Address (P.O. Box Number is Not Acceptable)

1107 Cimarron Cir NW

City

Bradenton

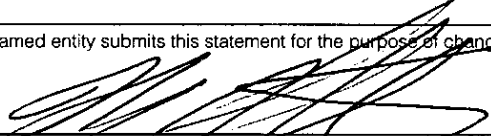
FL

Zip Code

34209

8. 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



Treas.

1/17/01

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SPARRGROVE, WILLIAM	
STREET ADDRESS	1012 CIMARRON CIRCLE, NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CASTNER, DON	
STREET ADDRESS	1008 CIMARRON CIRCLE, NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GOOD, JOAN	
STREET ADDRESS	1008 CIMARRON CIRCLE NW	
CITY-ST-ZIP	BRADENTON, FL 00000 34209	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GUTFREUND, MARY	
STREET ADDRESS	1004 CIMARRON CIRCLE NW	
CITY-ST-ZIP	BRADENTON, FL 00000 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STURM, JOHN	
STREET ADDRESS	915 CIMARRON CIRCLE NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Aye	
STREET ADDRESS	1007 Cimarron Cir NW	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darryl Weaver	
STREET ADDRESS	1115 Cimarron Cir NW	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Willis	
STREET ADDRESS	1116 Cimarron Cir NW	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Chattis	
STREET ADDRESS	1107 Cimarron Cir NW	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Herbert Pattison	
STREET ADDRESS	1111 Cimarron Cir NW	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED William Chattis 1/17/01 941-792-3743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)