FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN 18 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003948

1. Corporation Name

THE VILLAGES OF SAN SIMEON MAINTENANCE ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
1205 ARVIDA PARKWAY WESTON FL 33327	1205 ARVIDA PARKWAY WESTON FL 33327

01-16-99 90050 011 $61.25

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/02/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☒ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARIC, JOHN 7900 WEST GLADES ROAD BOCA RATON FL 33434	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 617.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	CAPITENA, RON		1.2 NAME	LAURA A. SANCHEZ	
STREET ADDRESS	1205 ARVIDA PARKWAY		1.3 STREET ADDRESS	1205 Arvida Parkway	
CITY-ST-ZIP	WESTON FL 33327		1.4 CITY-ST-ZIP	Weston, FL 33326	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PASKOW, ROY		2.2 NAME		
STREET ADDRESS	1205 ARVIDA PARKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33327		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SNAVELY, LESLIE		3.2 NAME		
STREET ADDRESS	1205 ARVIDA PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33327		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 4/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)