


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90209 009 \*\*\*\*61.25

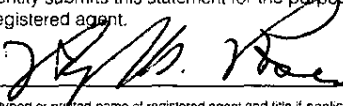
<b>DOCUMENT # N98000003948</b>			
1. Entity Name <b>THE VILLAGES OF SAN SIMEON MAINTENANCE ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O CASTLE MANAGEMENT ., INC. PO BOX 189013 PLANTATION FL 33318</b>		Mailing Address <b>C/O CASTLE MANAGEMENT ., INC. PO BOX 189013 PLANTATION FL 33318</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>65-0906479</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CASTLE MANAGEMENT, INC. 4450 WEST SUNRISE BLVD STE C-100 PLANTATION FL 33313</b>		Name <b>Rosen &amp; Eichner</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>Weston Corporate Ctr. 2500 Weston Rd # 220</b>	
		City <b>Weston</b>	
		State <b>FL</b>	
Zip Code <b>33331</b>			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD EGGLESTON, RICHARD 3915 SAN SIMEON CR. WESTON FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HELMCKE, SUSAN 3676 SAN SIMEON CIR WESTON FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CRISH, BILL 3846 SAN SIMEON CR. WESTON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORAN, TRACIE 3907 SAN SIMEON CIR. WESTON FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAMPBELL, AMY 3741 SAN SIMEON CIR. WESTON FL 33331</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SUSAN HELMCKE** DATE: **4-12-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR