


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90362 007 ****61.25

DOCUMENT # N98000003948

1. Entity Name
 THE VILLAGES OF SAN SIMEON MAINTENANCE ASSOCIATION, INC.



Principal Place of Business
 C/O CASTLE MANAGEMENT, INC.
 12270 SW 3RD STREET
 PLANTATION, FL 33325

Mailing Address
 C/O CASTLE MANAGEMENT, INC.
 12270 SW 3RD STREET
 PLANTATION, FL 33325

40050470



2. Principal Place of Business
 11784 W. Sample Rd

3. Mailing Address
 11784 W. Sample Rd

Suite, Apt. #, etc.

03152006 Chg-NP CR2E037 (11/05)

City & State
 Coral Springs FL

City & State
 Coral Springs FL

Zip
 33065

Country
 Broward

Country
 Broward

4. FEI Number
 65-0906479

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSEN & EICHNER
 WESTON CORPORATE CTR.
 2500 WESTON RD #220
 WESTON, FL 33331

7. Name and Address of New Registered Agent

Name
 United Community Management

Street Address (P.O. Box Number is Not Acceptable)
 11784 West Sample Rd

City
 Coral Springs FL FL Zip Code 33065

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: Denise Kottawa, U.P. Finance United Comm. Mgmt. 3/29/06

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLAZER, RON 3951 SAN SIMEON LANE WESTON, FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DABREO, MONIQUE 3736 SAN SIMEON LANE WESTON, FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBASH, MICHAEL 3738 SAN SIMEON LANE WESTON, FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRIZI, JIMMY 3744 SAN SIMEON LANE WESTON, FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, AMY 3741 SAN SIMEON CIR. WESTON, FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: Amy Campbell 4/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #