


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90081 017 ****61.25

DOCUMENT # N98000003948

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



Principal Place of Business
**11784 W SAMPLE RD
 CORAL SPRINGS, FL 33065**

Mailing Address
**11784 W SAMPLE RD
 CORAL SPRINGS, FL 33065**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40075760



02092007 Chg-NP CR2E037 (12/06)

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
**UNITED COMMUNITY MANAGEMENT
 11784 W SAMPLE RD
 CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAZER, RON		NAME		
STREET ADDRESS	3951 SAN SIMEON LANE		STREET ADDRESS		
CITY- ST- ZIP	WESTON, FL 33331		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABREO, MONIQUE		NAME		
STREET ADDRESS	3736 SAN SIMEON LANE		STREET ADDRESS		
CITY- ST- ZIP	WESTON, FL 33331		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBASH, MICHAEL		NAME		
STREET ADDRESS	3738 SAN SIMEON LANE		STREET ADDRESS		
CITY- ST- ZIP	WESTON, FL 33331		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRIZI, JIMMY		NAME		
STREET ADDRESS	3744 SAN SIMEON LANE		STREET ADDRESS		
CITY- ST- ZIP	WESTON, FL 33331		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, AMY		NAME		
STREET ADDRESS	3741 SAN SIMEON CIR.		STREET ADDRESS		
CITY- ST- ZIP	WESTON, FL 33331		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

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* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #