

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90139 043 ****61.25

DOCUMENT # **N98000003948**

1. Entity Name

**THE VILLAGES OF SAN SIMEON MAINTENANCE ASSOCIATI
ON, INC.**



Principal Place of Business

**C/O CASTLE MANAGEMENT .. INC.
PO BOX 189013
PLANTATION FL 33318**

Mailing Address

**C/O CASTLE MANAGEMENT .. INC.
PO BOX 189013
PLANTATION FL 33318**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0906479**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CASTLE MANAGEMENT, INC.
4450 WEST SUNRISE BLVD
STE C-100
PLANTATION FL 33313**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	EGGLESTON, RICHARD	3915 SAN SIMEON CR.	WESTON FL 33331	<input type="checkbox"/>
PD	HELMCKI, SUSAN	3678 SAN SIMEON CIR	WESTON FL 33331	<input type="checkbox"/>
STD	GARCIA, KARINA	3680 SAN SIMEON CR.	WESTON FL 33331	<input checked="" type="checkbox"/>
D	CRISH, BILL	3848 SAN SIMEON CR.	WESTON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
STD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	HELMCKE, SUSAN			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MORAN, TRACIE	3907 San Simeon Circle	WESTON, FL 33331	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CAMPBELL, Amy	3741 San Simeon Circle	WESTON, FL 33331	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 Helmecke, President 1/20/03 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)