


FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90068 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 758252					
1. Corporation Name SAN SIMEON HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 21702 SAN SIMEON CIR BOCA RATON FL 33433 US			Mailing Address 21702 SAN SIMEON CIR BOCA RATON FL 33433 US		

573107-90028-11



2. Principal Place of Business 21 21718 SAN SIMEON CIR Suite, Apt. #, etc.		2a. Mailing Address 2b 21718 SAN SIMEON CIR Suite, Apt. #, etc.		3. Date incorporated or Qualified 10/30/1981	
22 City & State 23 BOCA RATON FL Zip Country 24 33433 25		27 City & State 28 BOCA RATON FL Zip Country 29 33433 30		4. FEI Number- 59-2371918 Applied For Not Applicable	
26		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ROOME, JR, JAMES J 21702 SAN SIMEON CIRCLE BOCA RATON FL 33433				10. Name and Address of New Registered Agent 81 Name JOHN OLLINGER 82 Street Address (P.O. Box Number is Not Acceptable) 21718 SAN SIMEON CIRCLE 83 84 City BOCA RATON FL 85 Zip Code 33433			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 JOHN E. OLLINGER, TREASURER John E. Ollinger 5/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, KEITH	1.2 NAME	BERTHA COLWELL
STREET ADDRESS	21707 SAN SIMEON CIR.	1.3 STREET ADDRESS	21726 SAN SIMEON CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLLINGER, JOHN	2.2 NAME	KEITH DUFFY
STREET ADDRESS	21718 SAN SIMEON CIRCLE	2.3 STREET ADDRESS	21707 SAN SIMEON CIRCLE
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOME, JR, JAMES J.	3.2 NAME	THOMAS WHITMAN
STREET ADDRESS	21702 SAN SIMEON CIR.	3.3 STREET ADDRESS	21666 SAN SIMEON CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMAN, THOMAS	4.2 NAME	JOHN OLLINGER
STREET ADDRESS	21666 SAN SIMEON CIR	4.3 STREET ADDRESS	21718 SAN SIMEON CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	LYNN LISTOKIN
STREET ADDRESS		5.3 STREET ADDRESS	21686 SAN SIMEON CIRCLE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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: JOHN E. OLLINGER JOHN E. OLLINGER TREASURER 5/16/99 516-395-3326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)