

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90373 005 ****61.25

DOCUMENT # 758252

1. Entity Name

SAN SIMEON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21718 SAN SIMEON CIR
 BOCA RATON FL 33433
 US

21718 SAN SIMEON CIR
 BOCA RATON FL 33433-3378
 US

2. Principal Place of Business

3. Mailing Address

21707 SAN SIMEON CIR 21707 SAN SIMEON CIR
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

BOCA RATON, FL BOCA RATON, FL

4. FEI Number

59-2371918

Applied For

Not Applicable

Zip

Country

Zip

Country

33433

33433

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLLINGER, JOHN
 21718 SAN SIMEON CIR
 BOCA RATON FL 33433

Name

KEITH DUFFY

Street Address (P.O. Box Number is Not Acceptable)

21707 SAN SIMEON CIRCLE

City

BOCA RATON

FL

Zip Code

33433

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.

SIGNATURE

KEITH DUFFY PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COTWELL, BERTHA	
STREET ADDRESS	21726 SAN SIMEON CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUFFY, KEITH	
STREET ADDRESS	21707 SAN SIMEON CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WHITMAN, THOMAS	
STREET ADDRESS	21686 SAN SIMEON CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OLLINGER, JOHN	
STREET ADDRESS	21718 SAN SIMEON CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LISTOKIN, LYNN	
STREET ADDRESS	21686 SAN SIMEON CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH DUFFY	
STREET ADDRESS	21707 SAN SIMEON CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN LISTOKIN	
STREET ADDRESS	21686 SAN SIMEON CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY OBERHOLTZER	
STREET ADDRESS	21750 SAN SIMEON CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE O'NEIL	
STREET ADDRESS	21742 SAN SIMEON CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

KEITH DUFFY PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

(571) 266-2604

CR2E037 (9/99)