


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90216 025 ****61.25

DOCUMENT # 758252

1. Entity Name
SAN SIMEON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

21702 SAN SIMEON CIRCLE 21702 SAN SIMEON CIRCLE
 BOCA RATON, FL 33433 US BOCA RATON, FL 33433 US


DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2371918

Applied For
 Not Applicable

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

04112006 No Chg-NP CR2E037 (11/05)



6. Name and Address of Current Registered Agent

RADBILL, MARK
 21702 SAN SIMEON CIRCLE
 BOCA RATON, FL 33433

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RADBILL, MARK 21702 SAN SIMEON CIRCLE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'NEAL, SUZANNE 21742 SAN SIMEON CIR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEYMAN, MARC 21691 SAN SIMEON CIR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUFFY, SCOTT 21707 SAN SIMEON CIRCLE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRILL, KATIE 21658 SAN SIMEON CIR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 information.

SIGNATURE: _____ **4-23-2006 561-929-0994**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #