

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 15, 2009
Secretary of State

DOCUMENT# N05000010244

Entity Name: SAN SIMEON PHASE 1 RESIDENTS' ASSOCIATION, INC.**Current Principal Place of Business:**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463**New Principal Place of Business:****Current Mailing Address:**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463**New Mailing Address:****FEI Number:** 42-1702170**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BROUGH, CHADRWO, & LEVINE, P.A.
1900 N. COMMERCE PARKWAY
WESTON, FL 33326 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: BERTOLINI, PAUL
Address: 200 E. ROBINSON ST., SUITE 1140
City-St-Zip: ORLANDO, FL 32801**Title:** DS () Delete
Name: HERREN, ALICIA
Address: 200 E. ROBINSON ST., SUITE 1140
City-St-Zip: ORLANDO, FL 32801**Title:** VPD () Delete
Name: REFLING, TODD
Address: 200 E. ROBINSON ST., SUITE 1140
City-St-Zip: ORLANDO, FL 32801**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: BULLOCK, WILLIAM
Address: 150 SECOND AVE. NORTH, SUITE 670
City-St-Zip: ST. PETERSBURG, FL 33701**Title:** DST (X) Change () Addition
Name: JOHNSON, BILL
Address: 1601 FORUM PLACE, SUITE 805
City-St-Zip: WEST PALM BEACH, FL 33401**Title:** VPD (X) Change () Addition
Name: HARVEY, JIM
Address: 150 SECOND AVE. NORTH, SUITE 670
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BULLOCK

PD

06/15/2009

Electronic Signature of Signing Officer or Director

Date