

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 10:52

DOCUMENT # **N30033** (7)

1. Corporation Name

**SAN SIMEON AT THE CALIFORNIA CLUB HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2901 SIMMS ST  
HOLLYWOOD FL 33020-1510  
US

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HOLLYWOOD FL 33020-1510  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/04/1989** 3a. Date of Last Report **02/10/1994**

4. FEI Number **65-0115983** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 \_\_\_\_\_ 26 \_\_\_\_\_

22 Suite, Apt #, etc \_\_\_\_\_ 27 Suite, Apt #, etc \_\_\_\_\_

23 City & State \_\_\_\_\_ 28 City & State \_\_\_\_\_

24 Zip \_\_\_\_\_ 25 Country \_\_\_\_\_ 29 Zip \_\_\_\_\_ 30 Country \_\_\_\_\_

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEVELOPMENT CONSULTANTS INC  
2901 SIMMS ST  
ATTN: ANDY MEYROWITZ  
HOLLYWOOD FL 33020**

81 Name

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

83 \_\_\_\_\_

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **BOULANGER, LAURIS**  
STREET ADDRESS **21300 SAN SIMEON WAY**  
CITY - ST - ZIP **N MIAMI BEACH FL**

11 TITLE \_\_\_\_\_  Change  Addition  
12 NAME \_\_\_\_\_  
13 STREET ADDRESS \_\_\_\_\_  
14 CITY - ST - ZIP \_\_\_\_\_

TITLE **SD**  
NAME **RESNICK, MALCOLM**  
STREET ADDRESS **21300 SAN SIMEON WAY**  
CITY - ST - ZIP **N MIAMI BEACH FL**

21 TITLE \_\_\_\_\_  Change  Addition  
22 NAME \_\_\_\_\_  
23 STREET ADDRESS \_\_\_\_\_  
24 CITY - ST - ZIP \_\_\_\_\_

TITLE **D**  
NAME **KIRSCHNER, KIMBERLY**  
STREET ADDRESS **21300 SAN SIMEON WAY**  
CITY - ST - ZIP **N MIAMI BCH FL**

31 TITLE \_\_\_\_\_  Change  Addition  
32 NAME \_\_\_\_\_  
33 STREET ADDRESS \_\_\_\_\_  
34 CITY - ST - ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

41 TITLE \_\_\_\_\_  Change  Addition  
42 NAME \_\_\_\_\_  
43 STREET ADDRESS \_\_\_\_\_  
44 CITY - ST - ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

51 TITLE \_\_\_\_\_  Change  Addition  
52 NAME \_\_\_\_\_  
53 STREET ADDRESS \_\_\_\_\_  
54 CITY - ST - ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY - ST - ZIP \_\_\_\_\_

61 TITLE \_\_\_\_\_  Change  Addition  
62 NAME \_\_\_\_\_  
63 STREET ADDRESS \_\_\_\_\_  
64 CITY - ST - ZIP \_\_\_\_\_

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR)

**3-17-95**

Date

**305-940-0106**

Telephone Number