

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

100001765451  
-04/02/96--01004--034  
\*\*\*\$61.25

**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

3. Date Incorporated or Qualified  
**01/04/1989**

3a. Date of Last Report  
**03/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**65-0115983**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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 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, 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 617.0503, Florida Statutes.

SIGNATURE

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	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOULANGER, LAURIS</b>	
STREET ADDRESS	<b>21300 SAN SIMEON WAY</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>RESNICK, MALCOLM</b>	
STREET ADDRESS	<b>21300 SAN SIMEON WAY</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIRSCHNER, KIMBERLY</b>	
STREET ADDRESS	<b>21300 SAN SIMEON WAY</b>	
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>President Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Mark Hickein</b>	
1.3 STREET ADDRESS	<b>363 NE 211 Terrace</b>	
1.4 CITY-ST-ZIP	<b>North Miami Beach, FL 33179</b>	
2.1 TITLE	<b>Vice President Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Claude DeFreitas</b>	
2.3 STREET ADDRESS	<b>370 NE 213 Street</b>	
2.4 CITY-ST-ZIP	<b>North Miami Beach, FL 33179</b>	
3.1 TITLE	<b>2nd Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Jo Ann Valdovinos</b>	
3.3 STREET ADDRESS	<b>21300 San Simeon Way</b>	
3.4 CITY-ST-ZIP	<b>North Miami Beach, FL 33179</b>	
4.1 TITLE	<b>Secretary Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Rimiro Moreno</b>	
4.3 STREET ADDRESS	<b>21300 San Simeon Way</b>	
4.4 CITY-ST-ZIP	<b>North Miami Beach, FL 33179</b>	
5.1 TITLE	<b>Treasurer Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Dean Pas</b>	
5.3 STREET ADDRESS	<b>243 NE 212 Terrace</b>	
5.4 CITY-ST-ZIP	<b>North Miami Beach, FL 33179</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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.

**SIGNATURE: MARK HICKEIN** *Mark B. Hickein* **2-7-96** **305/576-5476**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)