

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. (Bertham) Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30033 (7)

1. Corporation Name
SAN SIMEON AT THE CALIFORNIA CLUB HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2901 SIMMS ST HOLLYWOOD FL 33020-1510 US	Mailing Address 2801 SIMMS ST HOLLYWOOD FL 33020-1510 US
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3. Date incorporated or Qualified 01/04/1989	3a. Date of Last Report 04/01/1996
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21. Principal Place of Business Suite, Apt #, etc. 22. City & State 23. Zip Country	2a. Mailing Address Suite, Apt #, etc. 27. City & State 28. Zip Country
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4. FEI Number 65-0115983	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	2VP	<input type="checkbox"/> DELETE
NAME	VALDOVINOS, JO ANN	
STREET ADDRESS	21300 SAN SIMION WAY	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORENO, RIMERO	
STREET ADDRESS	21300 SAN SIMION WAY	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HICKEIN, MARK	
STREET ADDRESS	383 NE 211 TERR	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PASA, DEAN	
STREET ADDRESS	243 NE 211 TERR	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DEFREITAS, CLAUDE	
STREET ADDRESS	370 NE 213 ST	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VALDOVINOS, JO ANN	
1.3 STREET ADDRESS	21300 SAN SIMEON WAY P-5	
1.4 CITY-ST-ZIP	N MIAMI BCH, FL 33179	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MORENO, RAMIRO	
2.3 STREET ADDRESS	21300 SAN SIMEON WAY P-1	
2.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33179	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MANDOWSKY, JACQUES	
3.3 STREET ADDRESS	302 NE 211 TERRACE	
3.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33179	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JULIAN, ALFREDO	
4.3 STREET ADDRESS	21101 NE 3 COURT	
4.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33179	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARIAN, IGNACIO	
5.3 STREET ADDRESS	21103 NE 4 Ave.	
5.4 CITY-ST-ZIP	N. MIAMI BCH, FL 33179	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Joann Valdovinos DATE 1/30/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)