

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

* NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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 2901 SIMMS ST HOLLYWOOD FL 33020-1510 US
--	--

3. Date Incorporated or Qualified 01/04/1989		
4. FEI Number 65-0115983	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21. 21300 SAN SIMEON WAY Suite, Apt. #, etc. 22. City & State 23. No MIAMI BEACH FL Zip 24. 33179	2a. Mailing Address 26. 21300 SAN SIMEON WAY Suite, Apt. #, etc. 27. City & State 28. No MIAMI BEACH FL Zip 29. 33179	Country 25. USA	Country 30. USA
---	--	---------------------------	---------------------------

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 SKRLD, Inc.	
82. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite 1102	
83. City Coral Gables	
84. State FL	85. Zip Code 33134

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 **SKRLD, Inc. By Lisa A. Lerner** *Lisa A. Lerner*, Secretary **4/3/98**
(Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME VALDOVINOS, JO ANN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21300 SAN SIMEON WAY P-5	CITY-ST-ZIP N. MIAMI BCH FL	1.2 NAME	
TITLE VPD	NAME MORENO, RAMIRO	1.3 STREET ADDRESS	
STREET ADDRESS 21300 SAN SIMEON WAY P-1	CITY-ST-ZIP N. MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE SD	NAME MANDOWSKY, JACQUES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 302 NE 211 TERR	CITY-ST-ZIP N MIAMI BEACH FL	2.2 NAME	
TITLE TD	NAME ALFREDO, JULIAN	2.3 STREET ADDRESS	
STREET ADDRESS 21101 NE 3 CT	CITY-ST-ZIP N MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE VPD	NAME ARIAN, IGNACIO	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 21103 NE 4 AVE	CITY-ST-ZIP N MIAMI BEACH FL	3.2 NAME ROSA, RONALD W.	
TITLE	NAME	3.3 STREET ADDRESS 240 NE 212th St.	
		3.4 CITY-ST-ZIP No MIAMI BEACH, FL 33179	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	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 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: *Jo Ann Valdovinos*, President **2-25-98 305/654-9201**

CR2E037 (10/97)