

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90027 050 ****61.25

CORPORATION ANNUAL REPORT 1999



Katherine Harris
 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 Mailing Address

21300 SAN SIMEON WAY **21300 SAN SIMEON WAY**
NORTH MIAMI BEACH, FL 33179 **NORTH MIAMI BEACH, FL 33179**
US **US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 21300 SAN SIMEON WAY		26 21300 SAN SIMEON WAY		01/04/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0115983	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 NORTH MIAMI BEACH, FL		28 NORTH MIAMI BEACH, FL		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 33179		29 33179		30 USA	
Country		Country		\$5.00 May Be Added to Fees	
25 USA		29 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JO ANN VALDOVINOS P-5 21300 SAN SIMEON WAY NORTH MIAMI BEACH, FLORIDA 33179				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: *Jo Ann Valdovinos* **JO ANN VALDOVINOS** **JUNE 08, 1999**

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDOVINOS, JO ANN	1.2 NAME	
STREET ADDRESS	21300 SAN SIMEON WAY #P-5	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, RAMIRO	2.2 NAME	
STREET ADDRESS	21300 SAN SIMEON WAY #P-1	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, RONALD W.	3.2 NAME	
STREET ADDRESS	240 NE 212 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, ALFREDO	4.2 NAME	
STREET ADDRESS	21101 NE 3 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARIAN, IGNACIO	5.2 NAME	VPD
STREET ADDRESS	21103 NE 4 AVE	5.3 STREET ADDRESS	220 NE 212 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	5.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: *Jo Ann Valdovinos* **JO ANN VALDOVINOS, PRESIDENT** **04/19/1999 (305) 654-9201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)