

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90008 037 ****61.25

DOCUMENT # N30033

1. Entity Name

SAN SIMEON AT THE CALIFORNIA CLUB HOMEOWNERS' AS

Principal Place of Business

Mailing Address

21300 SAN SIMEON WAY
 NO. MIAMI BEACH FL 33179
 US

21300 SAN SIMEON WAY
 NO. MIAMI BEACH FL 33179-1130
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0115983

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDOVINOS, JO ANN
 P-5
 21300 SAN SIMEON WAY
 N MIAMI BCH FL 33179

Name
REGNER, Nelson

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

21300 SAN SIMEON WAY, #0-6

City **NORTH MIAMI BEACH** **FL** Zip Code **33179**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **NELSON REGNER**

FEBRUARY 18, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD VALDOVINOS, JO ANN**
 STREET ADDRESS **21300 SAN SIMEON WAY P-5**
 CITY-ST-ZIP **N MIAMI BCH FL 33179**

TITLE Change Addition
 NAME **PD REGNER, NELSON**
 STREET ADDRESS **21300 SAN SIMEON WAY #0-6**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FLORIDA 33179**

TITLE Delete
 NAME **VPD MORENO, RAMIRO**
 STREET ADDRESS **21300 SAN SIMEON WAY P-1**
 CITY-ST-ZIP **N MIAMI BCH FL 33179**

TITLE Change Addition
 NAME **VPD HICKEIN, MARK**
 STREET ADDRESS **363 N.E. 211th TERRACE**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FLORIDA 33179**

TITLE Delete
 NAME **SD ROSE, RONALD W.**
 STREET ADDRESS **240 NE 212TH STREET**
 CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE Change Addition
 NAME **SD MOISES ASSAEL**
 STREET ADDRESS **21300 SAN SIMEON WAY #0-5**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FLORIDA 33179**

TITLE Delete
 NAME **TD ALFREDO, JULIAN**
 STREET ADDRESS **21101 NE 3 CT**
 CITY-ST-ZIP **N MIAMI BCH FL 33179**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD BEVAN, TERESA**
 STREET ADDRESS **220 NE 212 ST**
 CITY-ST-ZIP **N MIAMI BCH FL 33179**

TITLE Change Addition
 NAME **D MARTINS, PERRY**
 STREET ADDRESS **21300 SAN SIMEON WAY #L-7**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FLORIDA 33179**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NELSON REGNER, PRESIDENT**

FEBRUARY 18, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)