

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90043 032 ****61.25

DOCUMENT # N30033

1. Entity Name

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

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
 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

HICKEIN, MARK B
21300 SAN SIMEON WAY
CLUB HOUSE
N MIAMI BCH FL 33179

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

MARK HICKEIN

1-9-02

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	TD	<input type="checkbox"/> Delete
NAME	SILVI, LUIS	
STREET ADDRESS	253 NE 211TH TERRACE	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HICKEIN, MARK	
STREET ADDRESS	213 NE 211TH TERRACE	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALFREDO, JULIAN	
STREET ADDRESS	21101 NE 3 CT	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNAUDO, ANIBAL	
STREET ADDRESS	21117 NE 3RD COURT	
CITY-ST-ZIP	N MIAMI BCH FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	PIMENTA, ALEXANDRA	
STREET ADDRESS	21300 SANSIMEON WAY #0-3	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature] **MARK HICKEIN**

1-9-02

CR2E037 (9/01)