

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90125 033 \*\*\*\*61.25

<b>DOCUMENT # N30033</b>	
1. Entity Name SAN SIMEON AT THE CALIFORNIA CLUB HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 21300 SAN SIMEON WAY NO. MIAMI BEACH, FL 33179 US	Mailing Address 21300 SAN SIMEON WAY NO. MIAMI BEACH, FL 33179 US
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01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0115983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ASSAEL, MOISES  
 21300 SAN SIMEON WAY 0-5  
 N MIAMI BCH, FL 33179

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REGNER, NELSON 21300 SAN SIMEON WAY 0-6 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASSAEL, MOISES 21300 SAN SIMEON WAY 0-5 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEPH, HAYDEN 221 NE 212 ST. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRIER, JACQUES 21231 NE 3 CT N MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORTONNE, CAMILLE 203 NE 211 TERRACE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lists empowered.

**SIGNATURE:** *Moises Assael* 1/18/06 (305) 654-9201

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