

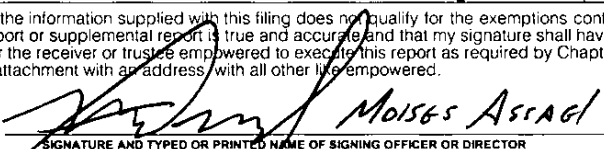


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90258 020 ****61.25

DOCUMENT # N30033					
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		40077201 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202007 Chg-NP CR2E037 (12/06)	
				4. FEI Number 65-0115983	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASSAEL, MOISES 21300 SAN SIMEON WAY 0-5 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. 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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REGNER, NELSON	NAME			
STREET ADDRESS	21300 SAN SIMEON WAY 0-6	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASSAEL, MOISES	NAME			
STREET ADDRESS	21300 SAN SIMEON WAY 0-5	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JOSEPH, HAYDEN	NAME	SEBORA ROSE		
STREET ADDRESS	221 NE 212 ST.	STREET ADDRESS	240 NE 212 STREET		
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	MIAMI FL 33179		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARRIER, JACQUES	NAME	ALBERTO DE SALES		
STREET ADDRESS	21231 NE 3 CT	STREET ADDRESS	21230 NE 3 CT		
CITY-ST-ZIP	N MIAMI BCH, FL 33179	CITY-ST-ZIP	MIAMI FL 33179		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DORTONNE, CAMILLE	NAME	LUIS SILVI		
STREET ADDRESS	203 NE 211 TERRACE	STREET ADDRESS	253 NE 211 TERR		
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	MIAMI FL 33279		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 life empowered.					
SIGNATURE: 		Moises Assael		4/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	