


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90019 034 \*\*\*\*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**

**40063867**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04022008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**65-0115983**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$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**

7. Name and Address of New Registered Agent  
 Name **NELSON REGNER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**21300 SAN SIMEON WAY - CLUB HOUSE**  
 City **MIAMI** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **NELSON REGNER (PRESIDENT)**  
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4/6/08**

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REGNER, NELSON 21300 SAN SIMEON WAY 0-6 MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASSAEL, MOISES 21300 SAN SIMEON WAY 0-5 MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSE, DEBORA 240 NE 212 STREET MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE SALES, ALBERTO 21230 NE 3 CT MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVI, LUIS 253 NE 211 TERR MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec HUI MONICA 331 NE 211 STREET N. MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jorge ISRAILEWICH 300 NE 211 STREET N MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGNACIO ARIAN 21103 NE 3 AVE N MIAMI BEACH FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:  **NELSON REGNER** 4/5/08  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #