

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90155 024 \*\*\*\*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**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0115983** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HICKEIN, MARK B  
21300 SAN SIMEON WAY  
#CLUB HOUSE  
N MIAMI BCH FL 33179**

7. Name and Address of New Registered Agent  
Name **MOISES ASSAGI**  
Street Address (P.O. Box Number is Not Acceptable)  
**21300 SAN SIMEON WAY 0-5**  
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 *Moises Assagi* **MOISES ASSAGI** DATE **1/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



CHECK HERE IF MAKING CHANGES

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SILVI, LUIS 253 NE 211TH TERRACE N MIAMI BCH FL 33179</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NELSON REGNER 21300 SAN SIMEON WAY 0-6 MIAMI FL 33179</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HICKEIN, MARK 213 NE 211TH TERRACE N MIAMI BCH FL 33179</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MOISES ASSAGI 21300 SAN SIMEON WAY 0-5 MIAMI FL 33179</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV ALFREDO, JULIAN 21101 NE 3 CT N MIAMI BCH FL 33179</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HAYDEN JOSEPH 221 NE 212 STREET MIAMI FL 33179</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERNAUDO, ANIBAL 21117 NE 3RD COURT N MIAMI BCH FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ANIBAL BERNAUDO 21117 NE 3RD COURT MIAMI FL 33179</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PIMENTA, ALEXANDRA 21300 SANSIMEON WAY #0-3 N MIAMI BEACH FL 33179</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOSE DE OLIVEIRA 262 NE 211 TERRACE MIAMI FL 33179</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: *Moises Assagi* **SIGNATURE REQUIRED** DATE **1/9/03** (305) 654-9201

CR2E037 (10/02)