FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N30034 (5)

1. Corporation Name

SAN SIMEON AT THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION NO. 1, INC.

Principal Place of Business	Mailing Address
C/O SUMMITT PROPERTY MANAGEMENT P. O. BOX 189013 PLANTATION FL 33318	C/O SUMMITT PROPERTY MANAGEMENT P. O. BOX 189013 PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1989
3a. Date of Last Report: 04/04/1994
4. FEI Number: 65-0115762 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SUMMITT PROPERTY MANAGEMENT, INC.
~~633 NE 167TH CT #1001~~
6269 WEST SUNRISE BLVD #202
~~NORTH MIAMI BEACH, FL 33162~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City El Sunrise FL 85 Zip Code 33313

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	DIAMOND, MARK	1.2 NAME		
STREET ADDRESS	21300 SAN SIMEON WAY, #R-10	1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	VALDOVINOS, JO ANN	2.2 NAME		
STREET ADDRESS	21300 SAN SIMEON WAY, P-5	2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP		
TITLE	~~SD~~	3.1 TITLE	V/D	☐ Change ☐ Addition
NAME	MORENO, RAMIRO	3.2 NAME		
STREET ADDRESS	21300 SAN SIMEON WAY, P-1	3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP		
TITLE	~~D~~	4.1 TITLE	D	☑ Change ☐ Addition
NAME	~~FONTAINE, RAYMOND~~	4.2 NAME	George Franchi	
STREET ADDRESS	~~21300 SAN SIMEON WAY,M-5~~	4.3 STREET ADDRESS	21300 San Simeon Way	
CITY-ST-ZIP	~~N MIAMI BCH FL~~	4.4 CITY-ST-ZIP	N. Miami Beach, FL	
TITLE	~~VD~~	5.1 TITLE		☐ Change ☐ Addition
NAME	~~GOWARD, PHYLLIS~~	5.2 NAME		
STREET ADDRESS	~~21300 SAN SIMEON WAY K1~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~N MIAMI BCH FL~~	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jo Ann Valdovinos President 4-13-95 652-8510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jo Ann Valdovinos

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