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Apr 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N30034 (5)

1. Corporation Name

SAN SIMEON AT THE CALIFORNIA CLUB CONDOMINIUM AS
SOCIATION 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 33318-9013



3. Date Incorporated or Qualified 01/04/1989	3a. Date of Last Report 04/15/1996
4. FEI Number 65-0115762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMITT PROPERTY MANAGEMENT, INC.
6289 W. SUNRISE BLVD
#202
SUNRISE FL 33313

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	4450 W. Sunrise Blvd.
83. Suite	Suite C-100
84. City	Plantation
85. Zip Code	FL 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Gail H. Sangunett* Gail H. Sangunett, V.P. - Administration 3/31/97
(NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDOVINOS, JO ANN	1.2 NAME	
STREET ADDRESS	21300 SAN SIMEON WAY, P-5	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, RAMIRO	2.2 NAME	
STREET ADDRESS	21300 SAN SIMEON WAY, P-1	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCHI, GEORGE	3.2 NAME	
STREET ADDRESS	21300 SAN SIMEON WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	ISSA, CHARLES
STREET ADDRESS		4.3 STREET ADDRESS	21300 San Simeon Way Apt #0-1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	N. Miami FL 33179
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MARGA LEVY
STREET ADDRESS		5.3 STREET ADDRESS	21300 SAN SIMEON WAY (#K2) N. MIAMI FL 33179
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)