

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N30034 (5)**

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



Principal Place of Business <b>C/O SUMMITT PROPERTY MANAGEMENT P. O. BOX 189013 PLANTATION FL 33318</b>	Mailing Address <b>C/O SUMMITT PROPERTY MANAGEMENT P. O. BOX 189013 PLANTATION FL 33318-9013</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/04/1989</b>	3a. Date of Last Report <b>04/15/1996</b>
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>65-0115762</b>	Applied For Not Applicable
25. Zip	26. Country	27. Suite, Apt. #, etc.	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SUMMITT PROPERTY MANAGEMENT, INC. 6269 W. SUNRISE BLVD #202 SUNRISE FL 33318</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>4450 W. Sunrise Blvd.</b>
				83. Suite	<b>Suite C-100</b>
				84. City	<b>Plantation FL</b>
				85. Zip Code	<b>33313</b>

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**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDOVINOS, JO ANN</b>	1.2 NAME	
STREET ADDRESS	<b>21300 SAN SIMEON WAY, P-5</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORENO, RAMIRO</b>	2.2 NAME	
STREET ADDRESS	<b>21300 SAN SIMEON WAY, P-1</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCHI, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>21300 SAN SIMEON WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>ISSA, CHARLES</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>21300 San Simeon Way Apt #10-1</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>N. Miami FL 33179</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>MARCIA LEVY</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>21300 SAN SIMEON WAY (#K2) N.MIA FL 33179</b>
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)