

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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3. Date Incorporated or Qualified <b>01/04/1989</b>	
4. FEI Number <b>65-0115762</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 21300 San Simeon Way</b>	2a. Mailing Address <b>26 21300 San Simeon Way</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 No. Miami Beach, FL</b>	City & State <b>28 No. Miami Beach, FL</b>
Zip <b>24 33179</b>	Country <b>25 USA</b>
Country <b>29 33179</b>	Country <b>30 USA</b>

9. Name and Address of Current Registered Agent

**SUMMITT PROPERTY MANAGEMENT, INC.  
4450 W. SUNRISE BLVD  
STE #C100  
PLANTATION FL 33313**

10. Name and Address of New Registered Agent

81 Name <b>Gary A. Poliakoff, President Becker &amp; Poliakoff, P.A.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>3111 Stirling Road</b>	
83	
84 City <b>Port Lauderdale</b>	85 Zip Code <b>FL 33312</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: *G. M. Pien* **4/6/98**

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 checked="" 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 <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ISSA, CHARLES</b>		4.2 NAME	
STREET ADDRESS <b>21300 SAN SIMEON WAY, #0-1</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEVY, MARCIA</b>		5.2 NAME	
STREET ADDRESS <b>21300 SAN SIMEON WAY, #K-2</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI FL</b>		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 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.

SIGNATURE: *Jo Ann Valdovinos* **5-31-98** **305/654-8201**

CR2E037 (1097)