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Secretary of State

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CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N30034

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

Principal Place of Business Mailing Address
21300 SAN SIMEON WAY 21300 SAN SIMEON WAY
NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179
USA USA

2. Principal Place of Business 21300 SAN SIMEON WAY Suite, Apt. #, etc.	2a. Mailing Address 21300 SAN SIMEON WAY Suite, Apt. #, etc.	3. Date Incorporated or Qualified MAY 21, 1990
City & State NORTH MIAMI BEACH, FL Zip Country 33179 USA	27. City & State NORTH MIAMI BEACH, FL Zip Country 33179 USA	4. FEI Number 65-0115762 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JO ANN VALDOVINOS
P-5
21300 SAN SIMEON WAY
NORTH MIAMI BEACH, FLORIDA 33179

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

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 *Jo Ann Valdovinos* **JO ANN VALDOVINOS** **JUNE 08, 1999**
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	
PD VALDOVINOS, JO ANN ADDRESS: 21300 SAN SIMEON WAY, #P-5 ST-ZIP: NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD MORENO, RAMIRO ADDRESS: 21300 SAN SIMEON WAY, #P-1 ST-ZIP: NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> DELETE	1.2 NAME	
SD LEVY, MARCIA ADDRESS: 21300 SAN SIMEON WAY #K-2 ST-ZIP: NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TD ISSA, CHARLES ADDRESS: 21300 SAN SIMEON WAY #O-1 ST-ZIP: NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Jo Ann Valdovinos* **JO ANN VALDOVINOS, PRESIDENT APRIL 19, 1999 (305)654-920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)