

FILED

Aug 16, 2001 8:00 am
Secretary of State

08-01-2001 90202 049 ****61.25

DOCUMENT

N30034

1. Entity Name

San Simeon @ The California Clu Condominium
Association No. 1, Inc.

Principal Place of Business

Mailing Address

21300 San Simeon Way, P-5
North Miami Beach, FL 33179

Same

2. Principal Place of Business

21300 San Simeon Way

North Miami Beach, FL 33179

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Miami, Florida

Zip

33179

Country

US

City & State

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Becker & Poliakoff, P.A.
3111 Stirling Road
Ft. Lauderdale, FL 33312-6525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when name(s) change)

DATE

8/10-01

FILE NOW
FEES \$61.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Moises Assael 21300 San Simeon Way, O-5 North Miami Beach, FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michele Cabrol 21300 San Simeon Way, O-5 North Miami Beach, FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Helenice Regner 21300 San Simeon Way, O-5 North Miami Beach, FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jo Ann Valdovinos 21300 San Simeon Way, P-5 North Miami Beach, FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Marilu Jones 21300 San Simeon Way, P-2 North Miami Beach, FL 33179	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (1/1/00)