

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90048 050 \*\*\*\*61.25

**DOCUMENT # N30034**

1. Entity Name

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



Principal Place of Business

**21300 SAN SIMEON WY  
NO MIAMI BEACH FL 33179  
US**

Mailing Address

**21300 SAN SIMEON WY  
NO MIAMI BEACH FL 33179  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0115762**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSAEL, MOISES  
21300 SAN SIMEON WAY  
0-5  
N MIAMI BCH FL 33179**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HELENICE, REGNCR  
STREET ADDRESS 21300 SAN SIMEON WAY 0-5  
CITY-ST-ZIP N MIAMI BCH FL 33179 ☐ Delete

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

TITLE VPD  
NAME CABROL, MICHELLE  
STREET ADDRESS 21300 SAN SIMPON WAY 0-1  
CITY-ST-ZIP N MIAMI BCH FL 33179 ☒ Delete

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

TITLE TD  
NAME FERNANDEZ, MIJAE  
STREET ADDRESS 21300 SAN SIMEON WAY P-1  
CITY-ST-ZIP N MIAMI BCH FL 33179 ☒ Delete

TITLE TD  
NAME DOMO-CRISTINA  
STREET ADDRESS 21300 SAN SIMPON WAY & M-06  
CITY-ST-ZIP N MIAMI BEACH FL 33179 ☐ Change ☒ Addition

TITLE SD  
NAME ASSAEL, MOISES  
STREET ADDRESS 21300 SAN SIMEON WAY 0-5  
CITY-ST-ZIP N MIAMI BCH FL 33179 ☐ Delete

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

TITLE PD  
NAME REGNER, HELENICE  
STREET ADDRESS 21300 SAN SEMEON WAY #06  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☒ Delete

TITLE D  
NAME WELCOME CAROL  
STREET ADDRESS 21300 SAN SIMPON WAY # 0-7  
CITY-ST-ZIP N MIAMI BEACH FL 33179 ☐ Change ☐ Addition

TITLE VPD  
NAME CABROL, MICHELLE  
STREET ADDRESS 21300 SAN SIMEON WAY #06  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☒ Delete

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

3/4/2004

Date

Daytime Phone #