2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N30034

1. Entity Name
SAN SIMEON AT THE CALIFORNIA CLUB CONDOMINIUM



FILED Jul 05, 2005 8:00 am Secretary of State

07-05-2005 90115 019 ****61.25

ASSOCIATION NO. 1, INC.												
Principal Place of Business 21300 SAN SIMEON WY NO MIAMI BEACH, FL 33179 US			2130	Mailing Address 21300 SAN SIMEON WY NO MIAMI BEACH, FL 33179				50054582				
2. Principal Pl	ace of Busin	ness	lailing Address									
Suite, Apt. #, etc. Su				Suite, Apt. #, etc.				06292005 _{CI}	ng-NP	CR2E0	37 (10/03)	
City & State C				City & State			4. FEI Number 65-011576	2			olied For	
Zip	Cip Country			Zip Cou							\$8.75 Addi	
					r	7. Name and Address of New Registered Agent						
	b. Name	and Address of Current I	registere	a Agent		Name		7. Name and Add	ress of New H	egisterec	Agent	
ASSAEL, MOISES 21300 SAN SIMEON WAY 0-5						Street Address (P.O. Box Number is Not Acceptable)						
N MIAMI BCH, FL 33179						City					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												
Filing Fee is \$61.25 9. Election Carr Due by September 7, 2005 Trust Fund C								\$5.00 May Be Added to Fees	ľ		k payable to	I
10.		OFFICERS AND DIF			- /	ADDITIONS/CHANG	ES TO OFFICE	RS AND D	IRECTORS IN	10		
TITLE NAME STREET ADDRESS	21300 SA	E, REGNCR IN SIMEON WAY 0-5		☐ Delete		e et aodress	PD	enice Re to SAM Siviani Dea			⊘ Change ⊘ • 6	☐ Addition
CITY-ST-ZIP						-ST-ZIP	<u> </u>	<u>iani Oca</u>	ch FL	<u> </u>	79	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMO, CRITINA 21300 SAN SIMPON WAY # M-06 N MIAMI BCH, FL 33179			☐ Delete							☐ Change	☐ Addition
TITLE HAME	SD ASSAEL,	·	·····	☐ Delete	TITLI	Ε					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	21300 SAN SIMEON WAY 0-5 N MIAMI BCH, FL 33179				4	ET ADDRESS -St-zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21300 SA	ME, CAROL IN SIMEON WAY # 0-7 MAMI BEACH, FL 3317	9	Delete							☐ Change	☐ Addition :
TITLE NAME STREET ADDRESS	21300 SA	, MICHELLE IN SIMEON WAY #06		Delete		E Et address	,		., .		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	NORTH	MAMI BEACH, FL 3317	9	☐ Delete	TITLI NAM STRE	E Et address					☐ Change	Addition
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 perfort 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 tractice employered 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 the empowered.												

MUISES HESAGE