


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0115762	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASSAEL, MOISES 21300 SAN SIMEON WAY 0-5 N MIAMI BCH, FL 33179
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELENICE, REGNØR 21300 SAN SIMEON WAY, 0-6 N MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SILVEIAN, LILIAN 31300 SAN SIMPSON WAY R-3 N MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASSAEL, MOISES 21300 SAN SIMEON WAY 0-5 N MIAMI BCH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, MIJAEL 21300 SAN SIMPSON WAY P-1 MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000725120
 05/03/07-80009-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Moises Assael 4/20/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #