

**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**



04182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HELENICE, REGNOR
STREET ADDRESS 21300 SAN SIMEON WAY, 0-6
CITY-ST-ZIP N MIAMI BCH, FL 33179

TITLE TD
NAME SILVEIAN, LILIAN
STREET ADDRESS 31300 SAN SIMPSON WAY R-3
CITY-ST-ZIP N MIAMI BCH, FL 33179

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

TITLE D
NAME FERNANDEZ, MIJAEL
STREET ADDRESS 21300 SAN SIMPSON WAY P-1
CITY-ST-ZIP MIAMI, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000725120
05/03/07-80009-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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 filers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #