

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # N38221 (0)  
1. Corporation Name  
SAN SIMEON HOMES HOMEOWNERS ASSOCIATION, INC.

APPROVED AND FILED  
95 MAR -1 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2901 SIMMS STR HOLLYWOOD FL 33020-1510 US  
2901 SIMMS STR HOLLYWOOD FL 33020-1510 US

2. Principal Place of Business 2a. Mailing Address  
21 20815 N.E. 16 Ave. B-14 Suite, Apt., etc. 26 20815 N.E. 16 Ave. B-14 Suite, Apt., etc.  
22 North Miami Bch. Fl 27 North Miami Bch., Fl  
City & State City & State  
23 33179 28 33179  
Zip Country Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1990 3a. Date of Last Report 02/10/1994

4. FEI Number 65-0267214 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
DEVELOPMENT CONSULTANTS INC  
2901 SIMMS STR  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent  
81 Name SKRLD Inc  
82 Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 1102  
83  
84 City Coral Gables, FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SKRLD Inc. by *Lina Fern* DATE 2/10/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	RESNICK, MALCOLM
STREET ADDRESS	21300 SAN SIMEON WAY
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	KIRSCHNER, KIMBERLY
STREET ADDRESS	21300 SAN SIMEON WAY
CITY-ST-ZIP	NORTH MIAMI BEACH FL
TITLE	DP
NAME	BOWLANGER, LAURIS
STREET ADDRESS	21300 SAN SIMEON WAY
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PASA, DEAN	
1.3 STREET ADDRESS	243 N.E. 212 Terr.	
1.4 CITY-ST-ZIP	N. Miami Beach, Fl. 33179	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BEIGEL, SAM	
2.3 STREET ADDRESS	272 N.E. 211 Terr.	
2.4 CITY-ST-ZIP	North Miami Beach, Fl. 33179	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DE FREITAS, CLAUDE	
3.3 STREET ADDRESS	370 N.E. 213 St.	
3.4 CITY-ST-ZIP	North Miami Beach, Fl. 33179	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LISS, MITCHELL	
4.3 STREET ADDRESS	261 N.E. 211 Terr.	
4.4 CITY-ST-ZIP	North Miami Beach, Fl. 33179	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mitchell* DATE: 2/23/95  
Signature and typed or printed name of signing officer or director