

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

Principal Place of Business Mailing Address  
**20815 N.E. 16TH AVENUE SUITE B-14 NO. MIAMI BEACH, FL 33179 US**

2. Date Incorporated or Qualified **05/17/1990**  
3a. Date of Last Report **03/01/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

21. Principal Place of Business Suite, Apt # etc. City & State Zip Country  
22. Mailing Address Suite, Apt #, etc. City & State Zip Country  
23. City & State Zip Country  
24. City & State Zip Country

9. Name and Address of Current Registered Agent  
**SKRLD, INC.,  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134**

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**  
83. **SUITE 1102**  
84. City **CORAL GABLES** 85. Zip Code **FL 33134**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE **SKRLD, INC. By: Sandra B. Morham, Secretary** 3/22/96  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PASA, DEAN</b>	
STREET ADDRESS	<b>243 N.E. 212 TERRACE</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33179</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>LISS, MITCHELL</b>	
STREET ADDRESS	<b>261 N.E. 211 TERRACE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WARREN SCHREIER</b>	
STREET ADDRESS	<b>233 N.E. 212 TERRACE</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33179</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>200001768862</b>
63 STREET ADDRESS	<b>-04/04/96--01014--021</b>
64 CITY-ST-ZIP	<b>***61.25</b>

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 119.07(3)(k), Florida Statutes. I further certify that the information reported 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: **DEAN PASA** 3/26/96 (954) 587-1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)