

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 NE 16TH AVENUE SUITE B-14 NORTH MIAMI BEACH FL 33179 US
20815 NE 16TH AVENUE SUITE B-14 NORTH MIAMI BEACH FL 33179-2138 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 05/17/1990 3a. Date of Last Report 04/03/1996
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

9. Name and Address of Current Registered Agent
SKRID, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33133

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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. *Dy: du... sec.* 1/22/97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STD LISS, MITCHELL
2.3 STREET ADDRESS	251 N.E. 211 STREET
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 1/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033337

CR2E037 (9/96)