

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra G. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38221** (0)  
1. Corporation Name  
**SAN SIMEON HOMES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 20815 NE 16TH AVENUE SUITE B-14 NORTH MIAMI BEACH FL 33179 US	Mailing Address 20815 NE 16TH AVENUE SUITE B-14 NORTH MIAMI BEACH FL 33179 US
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3. Date Incorporated or Qualified  
**05/17/1990**

4. FEI Number  
**65-0267214**

Applied For	Not Applicable
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

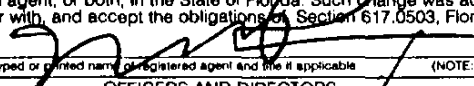
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

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 <b>Jeffrey M. Perlow &amp; Associates, P.A.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1820 East Hallandale Beach Blvd.,</b>
83
84 City <b>Hallandale, FL</b>
85 Zip Code <b>33009</b>

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  DATE **2/17/98**

(NOTE: Registered Agent signature required when reinstating)


12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PASA, DEAN	
STREET ADDRESS	243 NE 212 TERRACE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LISS, MITCHELL	
STREET ADDRESS	251 N.E. 211 STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHREIER, WARREN	
STREET ADDRESS	233 N.E. 212 TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
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	Silvi Luis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	253 NE 211 Terrace	
1.3 STREET ADDRESS	N. Miami Beach, FL 33179	
1.4 CITY-ST-ZIP	(P)	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mandowsky, Jacques	
2.3 STREET ADDRESS	302 NE 211 Terrace	
2.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Scalia, Oswaldo	
3.3 STREET ADDRESS	21240 NE 3rd Ct.	
3.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gregorio, Julian	
4.3 STREET ADDRESS	241 NE 211 St.	
4.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Beigel, Sam	
5.3 STREET ADDRESS	272 NE 211 Terrace	
5.4 CITY-ST-ZIP	N. Miami Beach, FL 33179	
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 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:  DATE **2/19/98**

CR2E037 (10/97)