

0524199 90027-049-\$61.25-\$61.25

**CORPORATION
ANNUAL REPORT
1999**



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90027 049 ****61.25

DOCUMENT # N38221

1. Corporation Name
SAN SIMEON HOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
21300 SAN SIMEON WAY 21300 SAN SIMEON WAY
NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179

2. Principal Place of Business 21 21300 SAN SIMEON WAY	2a. Mailing Address 26 21300 SAN SIMEON WAY	3. Date Incorporated or Qualified MAY 17, 1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0267214
City & State 23 NORTH MIAMI BEACH, FL	City & State 28 NORTH MIAMI BEACH, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33179	Country 25 USA	29 33179 30 usa
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

LUIS SILVI 253 NE 211th TERRACE NORTH MIAMI BEACH, FLORIDA 33179		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code FL

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 *Luis Silvi* **Luis Silvi** **JUNE 08, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVI, LUIS	1.2 NAME	
STREET ADDRESS	253 NE 211th TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDOWSKY, JACQUES	2.2 NAME	
STREET ADDRESS	302 NE 211th TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN, GREGORIO	3.2 NAME	
STREET ADDRESS	241 NE 211th STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALIA, OSVALDO	4.2 NAME	
STREET ADDRESS	21240 NE 3rd COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAUDO, ANIBAL	5.2 NAME	
STREET ADDRESS	21117 NE 3rd COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Luis Silvi* **LUIS SILVI, PRESIDENT** **APRIL 19, 1999 (305)654-9201**

CR2E037 (11/98)