

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90008 039 \*\*\*\*61.25

**DOCUMENT # N38221**

1. Entity Name

**SAN SIMEON HOMES HOMEOWNERS ASSOCIATION, INC.**

**B0033012**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 21300 SAN SIMEON WAY NORTH MIAMI BEACH FL 33179 US	Mailing Address 21300 SAN SIMEON WAY NORTH MIAMI BEACH FL 33179-1130 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0267214</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SILVI, LUIS**  
**253 NE 211TH TERR**  
**N MIAMI BCH FL 33179**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  **LUIS SILVI, PRESIDENT** **FEBRUARY 18, 2000**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SILVI, LUIS</b>
STREET ADDRESS	<b>253 NE 211 TERRACE</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33179</b>
TITLE	<b>VPD</b> <input type="checkbox"/> Delete
NAME	<b>MANDOWSKU, JACQUES</b>
STREET ADDRESS	<b>302 NE 211 TERRACE</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>SCALIA, OSWALDO</b>
STREET ADDRESS	<b>21240 NE 3RD CT</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>GREGORIO, JULIAN</b>
STREET ADDRESS	<b>241 NE 211 ST</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>
TITLE	<b>VPD</b> <input type="checkbox"/> Delete
NAME	<b>BERNAUDO, ANIBAL</b>
STREET ADDRESS	<b>21117 NE 3RD CT</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33179</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SILVI, LUIS PRESIDENT** **02/18/00** **(305) 527-4788**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)