

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90014 040 ****61.25

DOCUMENT # N38221

1. Entity Name

SAN SIMEON HOMES HOMEOWNERS ASSOCIATION, INC.



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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0267214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

SILVI, LUIS
 21300 SAN SIMEON WAY
 CLUB HOUSE
 NORTH MIAMI BEACH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SILVI, LUIS	
STREET ADDRESS	253 NE 211 TERRACE	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE OLIVERA, JOSE	
STREET ADDRESS	202 NE 211 TERRACE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAYDEN, JOSEPH	
STREET ADDRESS	221 NE 212 STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREGORIO, JULIAN	
STREET ADDRESS	241 NE 211 ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BERNAUDO, ANIBAL	
STREET ADDRESS	21117 NE 3RD CT	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORIO, JULIAN	
STREET ADDRESS	241 NE 211 STREET	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACQUES, CARRIER	
STREET ADDRESS	21231 NE 3 COURT	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	

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:

Gregorio, Julian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/04

Date

Daytime Phone #