

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38221

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: SAN SIMEON HOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

21300 SAN SIMEON WAY  
NORTH MIAMI BEACH, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

21300 SAN SIMEON WAY  
NORTH MIAMI BEACH, FL 33179 US

**New Mailing Address:**

FEI Number: 65-0267214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARIAN, IGNACIO S  
21300 SAN SIMEON WAY  
CLUB HOUSE  
NORTH MIAMI BEACH, FL 33179 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARIAN, IGNACIO S  
Address: 21103 NE 3RD AVE  
City-St-Zip: N MIAMI BEACH, FL 33179 US

Title: TREA ( ) Delete  
Name: MANDOWSKY, JACQUES  
Address: 302 NE 211 TERR  
City-St-Zip: N. MIAMI BEACH, FL 33179 US

Title: D ( ) Delete  
Name: NORISA, HUI  
Address: 331 NW 211 STREET  
City-St-Zip: N MIAMI BEACH, FL 33179 US

Title: S ( ) Delete  
Name: ROSE, DEBRA  
Address: 240 NE 212 STREET  
City-St-Zip: N. MIAMI BEACH, FL 33179 US

Title: D ( ) Delete  
Name: ISRAILEWICH, JORGE  
Address: 300 NE 211 STREET  
City-St-Zip: N MIAMI BEACH, FL 33179 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGNACIO ARIAN

P

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date