2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N98000003948

THE VILLAGES OF SAN SIMEON MAINTENANCE ASSOCIATION, INC.



FILED

Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90081 017 ****61.25

40075760

Date

Daytime Phone #

Principal Place of Business 11704 W CAMPLE DO

SIGNATURE:

Mailing Address

11704 W CAMPLE DO

CORAL SPRINGS, FL 33065				CORAL SPRINGS, FL 33065					. 18(8) 18(K) 88(K) 88(K) 8	i č ili ssim di.		:B) (B)	
2. Principal Place of Business - No P.O. Box # 3.				. Mailing Address									
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.				02092007	Chg-NP	CR2	E037 (12/06)		
City & State			Ci	City & State				4. FEI Numbe 65-090			├	Applied For	
Zip Country		Zij	Zip		Country		****	of Status Desired		\$8.75 A	dditional		
	6. Name	and Address of Curre	nt Register	id Agent				7. Name and	Address of New	Register	ed Agent		
LINUTED COMMUNITY AND CENTERIT						Name							
UNITED COMMUNITY MANAGEMENT				Street Addr			dress (F	se /D O. Box Number is Not Acceptable.					
11784 W SAMPLE RD CORAL SPRINGS, FL 33065					Street Address (P O Box Number is Not Acceptable)								
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						City					Zip Co	de	
		submits this statement	I for the purp	ose of changing its r	egistere	d office or re	egistere	ed agent, or bo	th, in the State of	Florida.	am familiar with	n, and accept	
the obligat	tions of regist	ered agent.											
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if ap	nicable (NOTE	Registered	Agent signature:	e required	when reinstating)		DA	TE.		
					_								
Filing Fee is \$61.25 Due by May 1, 2007				Election Campaign F Trust Fund Contributi			7	\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	Due by M	lay 1, 2007		Trust Turke Ot	Jilli II Julio			Added to Fees	r'i	orida De	partificat of	Jiaie	
10.		OFFICERS AND	DIRECTORS		11.				ANGES TO OFFIC		DIRECTORS	IN 10	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental paper 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 his 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR