

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758252

**Entity Name:** SAN SIMEON HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC6803253634**

**Current Principal Place of Business:**

C/O QUALITY MANAGEMENT GROUP  
9045 LA FONTANA BLVD. STE101  
BOCA RATON, FL 33434

**Current Mailing Address:**

C/O QUALITY MANAGEMENT GROUP  
9045 LA FONTANA BLVD. STE101  
BOCA RATON, FL 33434 US

**FEI Number: 59-2371918**

**Certificate of Status Desired: No**

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

STEVEN R. BRATEN, P.A.  
500 GULFSTREAM BOULEVARD - STE. 104  
DELRAY BEACH, FL 33483 US

*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

**Officer/Director Detail :**

Title P  
Name BURLAOS, BARBARA  
Address 9045 LA FONTANA BLVD. SUITE 101  
City-State-Zip: BOCA RATON FL 33434

Title VP  
Name RADBILL, MARK  
Address 9045 LA FONTANA BLVD SUITE 101  
City-State-Zip: BOCA RATON FL 33434

Title T  
Name ROOME, JAMES  
Address 9045 LA FONTANA BLVD. SUITE 101  
City-State-Zip: BOCA RATON FL 33434

Title S  
Name SUSI, IRENE  
Address 9045 LA FONTANA BLVD. SUITE 101  
City-State-Zip: BOCA RATON FL 33434

Title DIR  
Name KOLTES, JOAN  
Address 9045 LA FONTANA BLVD SUITE 101  
City-State-Zip: BOCA RATON FL 33434

*I hereby 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 all other like empowered.*

**SIGNATURE: BARBARA BURLAOS**

**PRESIDENT**

**01/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date