## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758252** 

Entity Name: SAN SIMEON HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 14, 2017
Secretary of State
CC4202760856

## **Current Principal Place of Business:**

C/O QUALITY MANAGEMENT GROUP 9045 LA FONTANA BLVD. STE 101 BOCA RATON, FL 33434

## **Current Mailing Address:**

C/O QUALITY MANAGEMENT GROUP 9045 LA FONTANA BLVD. STE 101 BOCA RATON, FL 33434 US

FEI Number: 59-2371918 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KRAVIT LAW, P.A. 1801 NORTH MILITARY TRAIL SUITE 120 BOCA RATON, FL 33431 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: CORY B. KRAVIT, ESQ. 03/14/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP, SECRETARY
Name BURLAOS, BARBARA Name RADBILL, MARK

Address 9045 LA FONTANA BLVD. SUITE 101 Address 9045 LA FONTANA BLVD SUITE 101

City-State-Zip: BOCA RATON FL 33434 City-State-Zip: BOCA RATON FL 33434

Title TREASURER Title DIRECTOR

Name ROOME, JAMES Name RIVERA, PAULA

Address 9045 LA FONTANA BLVD. SUITE 101 Address 9045 LA FONTANA BLVD SUITE 101

City-State-Zip: BOCA RATON FL 33434 City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name SUSI, IRENE

Address 9045 LA FONTAN 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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/14/2017