

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 707538 (5)**

1. Corporation Name

**DIAMONDHEAD, INC., A CONDOMINIUM**



Principal Place of Business

Mailing Address

**1057 A-1-A HIGHWAY  
HILLSBORO BEACH FL 33062**

**1057 A-1-A HIGHWAY  
HILLSBORO BEACH FL 33062**

3. Date Incorporated or Qualified

**07/06/1964**

3a. Date of Last Report

**02/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MAHURIN, DON  
1057 HILLSBORO MILE  
HILLSBORO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name

**John Roig**

82 Street Address (P.O. Box Number is Not Acceptable)

**1057 Hillsboro Mile 722**

83

84 City

**Hillsboro Beach,**

**FL**

85

Zip Code  
**33062**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*John Roig*

**JOHN ROIG**

**2/23/96**

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MAHURIN, DON	
STREET ADDRESS	1057 HILLSBORO MILE 922	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BUSCH, ELSIE	
STREET ADDRESS	1057 HILLSBORO MILE 811	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARRIOTT, LIZ	
STREET ADDRESS	1057 HWY A1A	
CITY - ST - ZIP	HILLSBORO BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROIG, JOHN	
STREET ADDRESS	1057 HILLSBORO MILE 812	
CITY - ST - ZIP	HILLSBORO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OBEREINER, JOHN	
STREET ADDRESS	1057 HILLSBORO MILE 621	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FALDUTO, VALEREE	
STREET ADDRESS	1057 HILLSBORO MILE 822	
CITY - ST - ZIP	HILLSBORO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Roig	
1.3 STREET ADDRESS	1057 Hillsboro Mile 722	
1.4 CITY - ST - ZIP	Hillsboro Beach, FL 33062	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dr. John Thomas	
2.3 STREET ADDRESS	1057 Hillsboro Mile 622	
2.4 CITY - ST - ZIP	Hillsboro Beach, FL 33062	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Valeree Falduto	
3.3 STREET ADDRESS	1057 Hillsboro Mile 822	
3.4 CITY - ST - ZIP	Hillsboro Beach, FL 33062	
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	George Cionca	
4.3 STREET ADDRESS	1057 Hillsboro Mile 413	
4.4 CITY - ST - ZIP	Hillsboro Beach, FL 33062	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joe DiMattina	
5.3 STREET ADDRESS	1057 Hillsboro Mile 613	
5.4 CITY - ST - ZIP	Hillsboro Beach, FL 33062	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Paul Heidemann	
6.3 STREET ADDRESS	1057 Hillsboro Mile 322	
6.4 CITY - ST - ZIP	Hillsboro Beach, FL 33062	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.01(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*George Cionca* **GEORGE CIONCA** Feb. 23, 1996 (954) 786-0720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)