

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707538 (5)**

1. Corporation Name  
**DIAMONDHEAD, INC., A CONDOMINIUM**

Principal Place of Business <b>1057 A-1-A HIGHWAY HILLSBORO BEACH FL 33062</b>	Mailing Address <b>1057 A-1-A HIGHWAY HILLSBORO BEACH FL 33062</b>
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<b>21</b> Principal Place of Business	<b>22</b> Suite, Apt. #, etc.	<b>23</b> City & State	<b>24</b> Zip	<b>25</b> Country
<b>26</b> Mailing Address	<b>27</b> Suite, Apt. #, etc.	<b>28</b> City & State	<b>29</b> Zip	<b>30</b> Country

**3.** Date Incorporated or Qualified  
**07/06/1964**

**4.** FEI Number  
**59-1112185**

Applied For  
 Not Applicable

**5.** Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6.** Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

**7.** Is this nonprofit corporation a homeowners association?  
 Yes  No

**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

**9. Name and Address of Current Registered Agent**

**THOMPSON, BOB**  
**1057 HILLSBORO MILE #314**  
**HILLSBORO BEACH FL 33062**

**10. Name and Address of New Registered Agent**

**81** Name **Paul J. Heidemann**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**1057 Hillsboro Mile, #322**

**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 office 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 **Paul J. Heidemann, P** DATE **2/18/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>P</b>	
NAME	<b>THOMPSON, BOB</b>	
STREET ADDRESS	<b>1057 HILLSBORO MILE #314</b>	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMAS, DR. JOHN</b>	
STREET ADDRESS	<b>1057 HILLSBORO MILE 622</b>	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BROOKE, MORRISON</b>	
STREET ADDRESS	<b>1057 HILLSBORO MILE #314</b>	
CITY-ST-ZIP	<b>HILLSBORO BCH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BRANSFIELD, CHRIS</b>	
STREET ADDRESS	<b>1057 HILLSBORO MILE #314</b>	
CITY-ST-ZIP	<b>HILLSBORO BCH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BASSO, LOU</b>	
STREET ADDRESS	<b>1057 HILLSBORO MILE #314</b>	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUNNIFORD, TOM</b>	
STREET ADDRESS	<b>1057 HILLSBORO MILE #314</b>	
CITY-ST-ZIP	<b>HILLSBORO BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	<b>V</b>	
1.2 NAME	<b>Thompson, Bob</b>	
1.3 STREET ADDRESS	<b>1057 Hillsboro Mile, #314</b>	
1.4 CITY-ST-ZIP	<b>Hillsboro Beach, FL 33062</b>	
2.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Paul J. Heidemann</b>	
2.3 STREET ADDRESS	<b>1057 Hillsboro Mile, #322</b>	
2.4 CITY-ST-ZIP	<b>Hillsboro Beach, FL 33062</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>E. Brook Morrison</b>	
3.3 STREET ADDRESS	<b>1057 Hillsboro Mile, #824</b>	
3.4 CITY-ST-ZIP	<b>Hillsboro Bch, FL 33062</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Chris Bransfield</b>	
4.3 STREET ADDRESS	<b>1057 Hillsboro Mile, # 914</b>	
4.4 CITY-ST-ZIP	<b>Hillsboro Beach, FL 33062</b>	
5.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>John Oberreiner</b>	
5.3 STREET ADDRESS	<b>1057 Hillsboro Mile, #621</b>	
5.4 CITY-ST-ZIP	<b>Hillsboro Beach, FL 33062</b>	
6.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Anita Hare Goldfeld</b>	
6.3 STREET ADDRESS	<b>1057 Hillsboro Mile, # 712</b>	
6.4 CITY-ST-ZIP	<b>Hillsboro BEACH, FL 33062</b>	

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Paul J. Heidemann 2/18/98**

CR2E037 (1097)

D

Addition

• Connie Sedor

1057 Hillsboro Mile, # 512

Hillsboro Beach, FL 33062