


FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707538

1. Corporation Name
DIAMONDHEAD, INC., A CONDOMINIUM

Principal Place of Business 1057 A-1-A HIGHWAY HILLSBORO BEACH FL 33062	Mailing Address 1057 A-1-A HIGHWAY HILLSBORO BEACH FL 33062
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 07/06/1964	4. FEI Number 59-1112185	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

HEIDEMANN, PAUL J
 1057 HILLSBORO MILE
 #322
 HILLSBORO BEACH FL 33062

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V THOMPSON, BOB	1.1 TITLE	Director
NAME	1057 HILLSBORO MILE #314	1.2 NAME	Gloria Raig
STREET ADDRESS	HILLSBORO BEACH FL 33062	1.3 STREET ADDRESS	1057 Hillsboro Mile #722
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hillsboro Beh., FL 33062
TITLE	P HEIDEMAN, PAUL J	2.1 TITLE	Director
NAME	1057 HILLSBORO MILE, #322	2.2 NAME	Paul J. Heidemann
STREET ADDRESS	HILLSBORO BEACH FL 33062	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MORRISON, E B	3.1 TITLE	Vice President
NAME	1057 HILLSBORO MILE, #824	3.2 NAME	Andy Ersele
STREET ADDRESS	HILLSBORO BCH FL 33062	3.3 STREET ADDRESS	1057 Hillsboro mile #212
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hillsboro Beh., FL 33062
TITLE	D BRANSFIELD, CHRIS	4.1 TITLE	Secretary
NAME	1057 HILLSBORO MILE, #914	4.2 NAME	Chris Bransfield
STREET ADDRESS	HILLSBORO BCH FL 33062	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T OBEREINER, JOHN	5.1 TITLE	
NAME	1057 HILLSBORO MILE, #621	5.2 NAME	
STREET ADDRESS	HILLSBORO BEACH FL 33062	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S HARE GOLDFELD, ANITA	6.1 TITLE	
NAME	1057 HILLSBORO MILE, #712	6.2 NAME	
STREET ADDRESS	HILLSBORO BEACH FL 33062	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Gloria Raig		
1.3 STREET ADDRESS	1057 Hillsboro Mile #722		
1.4 CITY-ST-ZIP	Hillsboro Beh., FL 33062		
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Paul J. Heidemann		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Andy Ersele		
3.3 STREET ADDRESS	1057 Hillsboro mile #212		
3.4 CITY-ST-ZIP	Hillsboro Beh., FL 33062		
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Chris Bransfield		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: _____ DATE: 2/24/99 DAYTIME PHONE #: 954-943-17309

0025959 CR2E037 (11/98)