

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90023 036 ****61.25

DOCUMENT # 707538
 1. Entity Name
DIAMONDHEAD, INC., A CONDOMINIUM



Principal Place of Business Mailing Address
 1057 A-1-A HIGHWAY 1057 A-1-A HIGHWAY
 HILLSBORO BEACH FL 33062 HILLSBORO BEACH FL 33062



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **59-1112185** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MENEZES, C. EDWARD
1057 HILLSBORO MILE
HILLSBORO BEACH FL 33062

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEB IS \$61.25
Due By May 1, 2008

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	HOULIHAN, WILLIAM DIRECTOR
STREET ADDRESS	1057 HILLSBORO MILE #513
CITY-ST-ZIP	HILLSBORO BEACH FL 33062
TITLE	<input type="checkbox"/> Delete
NAME	MAGGIORE, RICHARD
STREET ADDRESS	1057 HILLSBORO MILE #524
CITY-ST-ZIP	HILLSBORO BEACH FL 33062
TITLE	<input type="checkbox"/> Delete
NAME	MORRISON, E B PRESIDENT
STREET ADDRESS	1057 HILLSBORO MILE, #824
CITY-ST-ZIP	HILLSBORO BCH FL 33062
TITLE	<input checked="" type="checkbox"/> Delete
NAME	BASSO, LOU
STREET ADDRESS	1057 HILLSBORO MILE #623
CITY-ST-ZIP	HILLSBORO BCH FL 33062
TITLE	<input type="checkbox"/> Delete
NAME	MAGRONE, FRANCISCO VP
STREET ADDRESS	1057 HILLSBORO MILE #613
CITY-ST-ZIP	HILLSBORO BEACH FL 33062
TITLE	<input type="checkbox"/> Delete
NAME	CONEN, JAMES
STREET ADDRESS	1057 HILLSBORO HILL 714
CITY-ST-ZIP	HILLSBORO BEACH FL 33062

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIRECTOR Allan Newman
STREET ADDRESS	# 721
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR SIMON SCHILLER
STREET ADDRESS	UNIT #313
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward Menezes* **MANAGER** **B-14-08**