

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 # 738180 (9)

1. Corporation Name

DIAMOND ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7850 ULMERTON RD., SUITE 2
LARGO FL 34641

Mailing Address

7850 ULMERTON RD., SUITE 2
LARGO FL 34641



3. Date Incorporated or Qualified
02/22/1977

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1843338

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
7850 ULMERTON ROAD
SUITE 1
LARGO FL 34641

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WELSH, THOMAS
STREET ADDRESS 660 ISLAND WAY, #703
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE VPD ☐ DELETE
NAME SHARP, JOHN
STREET ADDRESS 660 ISLAND WAY, #406
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE TD ☐ DELETE
NAME ARMENTROUT, PAULINE
STREET ADDRESS 660 ISLAND WAY, #906
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE SD ☐ DELETE
NAME FIELD, EARLEEN
STREET ADDRESS 660 ISLAND WAY, #705
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE
NAME MC GOLDRICK, LOIS
STREET ADDRESS 660 ISLAND WAY #504
CITY-ST-ZIP CLEARWATER, FL 00000

TITLE D ☐ DELETE
NAME MORGAN, POLLY
STREET ADDRESS 660 ISLAND WAY, #301
CITY-ST-ZIP CLEARWATER, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☒ Change ☐ Addition
52 NAME D
53 STREET ADDRESS ENDRES, JAMES
54 CITY-ST-ZIP 660 ISLAND WAY #304
CLEARWATER, FL 34630

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 4614847

CR2E037 (12/95)