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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90206 020 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 738180**

1. Corporation Name

**DIAMOND ISLE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

7850 ULMERTON RD. SUITE 1  
LARGO FL 33771  
US

Mailing Address

7850 ULMERTON RD. SUITE 1  
LARGO FL 33771  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/22/1977

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1843338

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 33771

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME KELLY, MARY ANN  
1.3 STREET ADDRESS 660 ISLAND WAY, #704  
1.4 CITY-ST-ZIP CLEARWATER, FL 33767

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME GUIDA, LUCILLE  
3.3 STREET ADDRESS 660 ISLAND WAY, #903  
3.4 CITY-ST-ZIP CLEARWATER, FL 33767

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

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME MORGAN, POLLY  
4.3 STREET ADDRESS 660 ISLAND WAY, #301  
4.4 CITY-ST-ZIP CLEARWATER, FL 33767

TITLE D ☒ DELETE  
NAME ENDRES, JAMES  
STREET ADDRESS 660 ISLAND WAY, #304  
CITY-ST-ZIP CLEARWATER, FL 00000

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME WALKER, HAROLD  
5.3 STREET ADDRESS 660 ISLAND WAY, #503  
5.4 CITY-ST-ZIP CLEARWATER, FL 33767

TITLE D ☒ DELETE  
NAME TANSOR, ART  
STREET ADDRESS 690 ISLAND WAY, #1003  
CITY-ST-ZIP CLEARWATER, FL 00000

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME WILLIAMSON, EUGENE  
6.3 STREET ADDRESS 660 ISLAND WAY, # 708  
6.4 CITY-ST-ZIP CLEARWATER, FL 33767

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 727 530 4517