

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90005 006 ****61.25

DOCUMENT # 738180

1. Entity Name

DIAMOND ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7850 ULMERTON RD. SUITE 1
 LARGO FL 33771
 US

7850 ULMERTON RD. SUITE 1
 LARGO FL 33771-4015
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1843338

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
 7850 ULMERTON ROAD
 SUITE 1
 LARGO FL 33771

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, MARY ANN	
STREET ADDRESS	660 ISLAND WAY #704	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHARP, JOHN	
STREET ADDRESS	660 ISLAND WAY, #406	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUIDA, LUCILLE	
STREET ADDRESS	660 ISLAND WAY #903	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORGAN, POLLY	
STREET ADDRESS	660 ISLAND WAY #301	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, HAROLD	
STREET ADDRESS	660 ISLAND WAY #503	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, EUGENE	
STREET ADDRESS	660 ISLAND WAY #708	
CITY-ST-ZIP	CLEARWATER FL 33767	

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	
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 exemption stated in Section 119.07(3)(i), 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00 Date 727-530-4517 Daytime Phone #

CRZE037 (9/99)

738180

929443

DOCUMENT # 738180

DIAMOND ISLE CONDOMINIUM ASSOCIATION, INC.
7850 ULMERTON ROAD, SUITE #1
LARGO, FL 33771

ADDITIONAL DIRECTOR:

11, D
SHARON WILLIAMSON
660 ISLAND WAY, # 708
CLEARWATER, FL 33767