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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769181

(9)

1. Corporation Name

DIAMOND HEAD POINT HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

501 N CAUSEWAY
NEW SMYRNA BEACH FL 32169501 N CAUSEWAY
NEW SMYRNA BEACH FL 32169-5259

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2329451

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

10. Name and Address of New Registered Agent

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 DP ☐ DELETE

NAME GRABIAK, THEODORE

STREET ADDRESS 501 N CAUSEWAY

CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE SD ☒ DELETE

NAME TYLER, JILL

STREET ADDRESS 501 N. CAUSEWAY

CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE D ☐ DELETE

NAME HARGREAVES, LUCY A

STREET ADDRESS 501 N CAUSEWAY

CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE TD ☐ DELETE

NAME GRABIAK, THEODORE

STREET ADDRESS 501 N CAUSEWAY

CITY-ST-ZIP NEW SMYRNA BCH. FL 32169

TITLE VD ☐ DELETE

NAME HEATH, RAYMOND

STREET ADDRESS 501 N. CAUSEWAY

CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE TD ☐ DELETE

NAME LAYTON, LEROY

STREET ADDRESS 501 N CAUSEWAY

CITY-ST-ZIP NEW SMYRNA BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Lucy A. Hargreaves LUCY A. HARGREAVES 2/1/97 904-428-7844

CR2E037 (9/96)