FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Mar 11, 1999 8:00 am
Secretary of State
03-11-1999 90125 026 ****61.25

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DOCUMENT # 769181

1. Corporation Name

DIAMOND HEAD POINT HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
501 N CAUSEWAY NEW SMYRNA BEACH FL 32169	501 N CAUSEWAY NEW SMYRNA BEACH FL 32169

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/30/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2329451 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARGREAVES, LUCY A
501/503 N CAUSEWAY
#504
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81 Name GERALD KERSENBROCK
82 Street Address (P.O. Box Number is Not Acceptable) 501 NORTH CAUSEWAY
83 # 507
84 City NEW SMYRNA BCH FL 85 Zip Code 32169

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 Gerald Kersenbrock 3-8-99
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	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	GRABIAK, THEODORE		1.2 NAME	GRABIAK, THEODORE	
STREET ADDRESS	501 N CAUSEWAY		1.3 STREET ADDRESS	501 N. CAUSEWAY (506)	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	☐ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	HECK, HOWARD		2.2 NAME		
STREET ADDRESS	501 N. CAUSEWAY		2.3 STREET ADDRESS	501 N CAUSEWAY (107)	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	☒ DELETE	3.1 TITLE	DV	☐ Change ☒ Addition
NAME	HARGREAVES, LUCY A		3.2 NAME	ROSTAGNO, H. J.	
STREET ADDRESS	501 N CAUSEWAY		3.3 STREET ADDRESS	503 N CAUSEWAY (602)	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	TD	☒ DELETE	4.1 TITLE	D TR	☐ Change ☒ Addition
NAME	GRABIAK, THEODORE		4.2 NAME	KERSENBROCK, JERRY	
STREET ADDRESS	501 N CAUSEWAY		4.3 STREET ADDRESS	501 N. CAUSEWAY (507)	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169		4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	VD	☒ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	HEATH, RAYMOND		5.2 NAME		
STREET ADDRESS	501 N. CAUSEWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE	DS	☒ Change ☐ Addition
NAME	KEEFE, GEORGIA		6.2 NAME	KEEFE, GEORGIA	
STREET ADDRESS	503 N. CAUSEWAY		6.3 STREET ADDRESS	503 N CAUSEWAY (704)	
CITY-ST-ZIP	NEW SMYRNA BEACH FL		6.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	

CR2E037 (11/98)

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: Georgia Keefe SIGNATURE REQUIRED 3/8/99 (904) 423-8475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GEORGIA KEEFE SECRETARY