

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90061 039 ****61.25

DOCUMENT # 769181

1. Entity 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 32169-5259**

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

59-2329451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KERSENBROCK, GERALD
 501 NORTH CAUSEWAY #507
 NEW SMYRNA BEACH FL 32169**

Name **KEEFE, GEORGIA S.**
 Street Address (P.O. Box Number is Not Acceptable)
503 NORTH CAUSEWAY # 704
 City **NEW SMYRNA Bch** FL Zip Code **32169**

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 *Georgia S. Keefe*
 Signature, typed or printed name of registered agent and title if applicable

GEORGIA S. KEEFE, SECRETARY

02-01-00

(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 **DP** ☐ Delete
 NAME **GRABIAK, THEODORE**
 STREET ADDRESS **501 NORTH CAUSEWAY (506)**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Hoag, David**
 STREET ADDRESS **503 North Causeway # 102**
 CITY-ST-ZIP **NEW SMYRNA Bch FL 32169**

TITLE **DV** ☐ Delete
 NAME **HECK, HOWARD**
 STREET ADDRESS **501 CAUSEWAY (107)**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☐ Delete
 NAME **ROSTAGNO, H.J.**
 STREET ADDRESS **503 CAUSEWAY (602)**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DTR** ☒ Delete
 NAME **KERSENBROCK, JERRY**
 STREET ADDRESS **501 NORTH CAUSEWAY (507)**
 CITY-ST-ZIP **NEW SMYRNA Bch. FL 32169**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **KEEFE, GEORGIA S.**
 STREET ADDRESS **503 NORTH CAUSEWAY (704)**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Georgia S. Keefe* **GEORGIA S. KEEFE, SECY. 02-01-00 (904) 423-8475**