

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90023 040 ****61.25

DOCUMENT # 769181

1. Entity Name

DIAMOND HEAD POINT HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

501 N CAUSEWAY
NEW SMYRNA BEACH FL 32169

Mailing Address

501 N CAUSEWAY
NEW SMYRNA BEACH FL 32169

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



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEEFE, GEORGIA S
501 NORTH CAUSEWAY #206
NEW SMYRNA BEACH FL 32169

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME HOAG, DAVID
STREET ADDRESS 503 N. CAUSEWAY, #102
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

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 LYNN, MICHAEL
STREET ADDRESS 501 N. CAUSEWAY #706
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

TITLE AST ☐ Delete
NAME FIORLETTA, BARBARA
STREET ADDRESS 503 N. CAUSEWAY #401
CITY-ST-ZIP NEW SMYRNA BCH. FL 32169

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

TITLE SD ☐ Delete
NAME KEEFE, GEORGIA
STREET ADDRESS 501 N CAUSEWAY (206)
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

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

TITLE ☒ Delete
NAME LAYTON, LEROY
STREET ADDRESS 501 N CAUSEWAY (605)
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE T ☐ Change ☒ Addition
NAME Agnes Becker
STREET ADDRESS 501 N. Causeway # 305
CITY-ST-ZIP New Smyrna Beach FL 32169

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** 2/10/05 386-423-8475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #