2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# 769181

Entity Name: DIAMOND HEAD POINT HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2329451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HOAG, DAVID
Address: 503 CAUSEWAY N #102
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: PD ( ) Delete
Name: LYNN, MICHAEL
Address: 501 CAUSEWAY N #706
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD ( ) Delete
Name: HECK, HOWARD
Address: 501 CAUSEWAY N #107
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete
Name: FISCHER-CARNE, PATRICK
Address: 503 CAUSEWAY N #402
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD (X) Delete
Name: HEATH, RAYMOND
Address: 503 CAUSEWAY N #104
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DICKERSON, RONALD
Address: 501 CAUSEWAY N #608
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VPD (X) Change ( ) Addition
Name: HOFKES, JOHN
Address: 16922 59TH AVE
City-St-Zip: CHIPPEWA FALLS, WI 54729

Title: SD (X) Change ( ) Addition
Name: MULROY, GRACE
Address: 503 CAUSEWAY N #203
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD (X) Change ( ) Addition
Name: BROOKS, KATHY
Address: 30241 PGA DR
City-St-Zip: MOUNT PLYMOUTH, FL 32776

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD DICKERSON PD 03/11/2009

Electronic Signature of Signing Officer or Director — Date