


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90145 034 \*\*\*\*61.25

<b>DOCUMENT # N03000008725</b>					
1. Entity Name <b>DIAMOND LAKES TOWNHOME OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301 US</b>			Mailing Address <b>508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-2189088</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541</b>			Name <b>John O'Reilly</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>TALLAHASSEE FL</b> Zip Code <b>32301</b>		
			508-A CAPITAL CIRCLE SE		
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 <u>John O'Reilly</u>		JOHN O'REILLY		DATE <b>3-29-06</b>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Turner TYENER, DOUGLAS 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD O'REILLY, JOHN 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Saxon SAMON, FRED 508-A CAPITAL CIRCLE SE TALLAHASSEE, FL 32301</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>John O'Reilly</u>		3-29-06		850-656-4663	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	