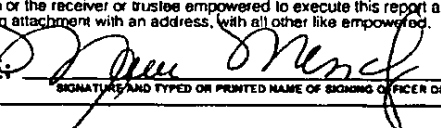


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State

04-07-2008 90034 017 ***158.75

DOCUMENT # N07000003052 1. Entity Name DIANE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8909 IRVING AVE. SURFSIDE, FL 33154			Mailing Address 8909 IRVING AVE. SURFSIDE, FL 33154		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-2782645	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CASTELLANOS, REINALDO ESQ. 10 NW LE JEUNE RD, 4TH FL MIAMI, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MENDEZ, LUIS M 8909 IRVING AVE. SURFSIDE, FL 33154	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NACHON, CARLOS 8909 IRVING AVE. SURFSIDE, FL 33154	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENDEZ, MARIE 8909 IRVING AVE. SURFSIDE, FL 33154	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENDEZ, STAVROULA 8909 IRVING AVE. SURFSIDE, FL 33154	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 			4/4/08 305-446-7995		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					