2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07000003052

Entity Name: DIANE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8909 IRVING AVE.
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

8909 IRVING AVE.
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 26-2782645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASTELLANOS, REINALDO ESQ.
10 NW LE JEUNE RD, 4TH FL
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

CASTELLANOS, REINALDO ESQ.
9960 BIRD ROAD
MIAMI, FL 33165 US

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: REINALDO CASTELLANOS ESQ. 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MENDEZ, LUIS M
Address: 8909 IRVING AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: SD ( ) Delete
Name: MENDEZ, MARIE
Address: 8909 IRVING AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: T ( ) Delete
Name: MENDEZ, STAVROULA
Address: 8909 IRVING AVE.
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LUIS M. MENDEZ PD 04/15/2009
Electronic Signature of Signing Officer or Director Date