

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000726

FILED
Apr 01, 2009
Secretary of State

Entity Name: DIAMOND LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ADVANCED PROPERTY MGMT SVC INC
1035 COLLIER CENTER WAY SUITE 7
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

ADVANCED PROPERTY MGMT SVC INC
1035 COLLIER CENTER WAY SUITE 7
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 65-0769539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MANAGEMENT SERVICE, INC.
1035 COLLIER CENTER WAY
SUITE 7
NAPLES, FL 34110 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: DT () Delete
Name: MCCARTHY, DANIEL
Address: 200 DIAMOND CIRCLE #4
City-St-Zip: NAPLES, FL 34110

Title: DS () Delete
Name: BOND, PATRICIA
Address: 700 DIAMOND CIRCLE #2
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: MUGFORD, JANET
Address: 900 DIAMOND CIRCLE #7
City-St-Zip: NAPLES, FL 34110

Title: D/V () Delete
Name: VIOLETTE, RONALD
Address: 500 DIAMOND CIRCLE #8
City-St-Zip: NAPLES, FL 34110

Title: D/P () Delete
Name: DELEVA, JOSEPH
Address: 900 DIAMOND CIRCLE #8
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: HAHN, CHARLENE
Address: 1000 DIAMOND CIRCLE #5
City-St-Zip: NAPLES, FL 34110

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

Title: DVP (X) Change () Addition
Name: VIOLETTE, RONALD
Address: 500 DIAMOND CIRCLE #8
City-St-Zip: NAPLES, FL 34110

Title: DP (X) Change () Addition
Name: DELEVA, JOSEPH
Address: 900 DIAMOND CIRCLE #8
City-St-Zip: NAPLES, FL 34110

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: JOSEPH DELEVA

DP

04/01/2009

Electronic Signature of Signing Officer or Director

Date