

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90104 018 \*\*\*\*61.25

**DOCUMENT # 755806**

1. Entity Name

**DIAMONDHEAD HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2816 PARLANE  
TALLAHASSEE FL 32301  
US**

**2816 PARLANE  
TALLAHASSEE FL 32301-6858  
US**

00009688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2402898**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWERS, RICHARD M  
315 S. CALHOUN, SUITE #701  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD MINARDI, CHARLES**  
STREET ADDRESS **2820 PAR LN**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD SCHNEIDER, DAN**  
STREET ADDRESS **2815 DIAMONDHEAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☒ Change ☐ Addition  
NAME **Name spelled wrong**  
STREET ADDRESS **DON SCHNEIDER**  
CITY-ST-ZIP **↑**

TITLE ☐ Delete  
NAME **VD HENNESSY, MARY**  
STREET ADDRESS **2836 PAR LN**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ST BLANTON, BEVERLEY**  
STREET ADDRESS **2816 PAR LN**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Beverley Blanton* (Beverley Blanton) 1/19/00 850-671-1935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)