

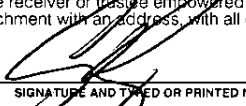


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90003 028 ****61.25

DOCUMENT # N01000008605 1. Entity Name BLACK DIAMOND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12534 WILES RD CORAL SPRINGS, FL 33076			Mailing Address 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3900 Woodlake Blvd Suite, Apt. #, etc. 201			
City & State City: Lake Worth FL		4. FEI Number 01-0677882		Applied For Not Applicable	
Zip 33463	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03022004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent PERRY, CRAIG 12534 WILES RD CORAL SPRINGS, FL 33076			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 PERRY, CRAIG 12534 WILES RD CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARGOLIS, STEVE 12534 WILES RD CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GÓMEZ, AL 12534 WILES RD CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
12. 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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/16/04 Daytime Phone #		