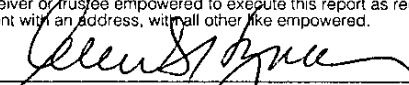


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
05 JUN-14 AM 9:52  
TALLAHASSEE, FLORIDA  
P 182

DOCUMENT # N01000008605					
1. Entity Name BLACK DIAMOND HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33463			Mailing Address G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33463		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0677882	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PERRY, CRAIG 12534 WILES RD CORAL SPRINGS, FL 33076			Name Larry E. Schner P.A. Street Address (P.O. Box Number is Not Acceptable) 750 South Dixie Hwy City Boca Raton FL Zip Code 33432		
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  DATE JUN 5, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERRY, CRAIG		NAME		
STREET ADDRESS	825 CORAL RIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARGOLIS, STEVE		NAME		
STREET ADDRESS	825 CORAL RIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOMEZ, AL		NAME		
STREET ADDRESS	825 CORAL RIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE 5-1-753-463 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

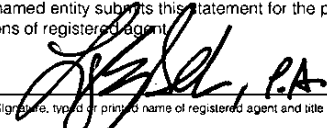


06022005 Chg-NP CR2E037 (10/03)

01-0677882

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name Larry E. Schner P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
750 South Dixie Hwy  
City Boca Raton FL Zip Code 33432

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  DATE JUN 5, 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

200056306762  
06/17/05--01056--001 \*\*\$61.25

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

13 292

DOCUMENT # N01000008605 ; BLACK DIAMOND HOMEOWNERS ASSOCIATION, INC.

ADD VPD  
WEBB, LORRAINE  
10603 OLD HAMMOCK WAY  
WELLINGTON, FL 33414

ADD SD  
LANZA, EDWARD  
10659 OLD HAMMOCK WAY  
WELLINGTON, FL 33414

ADD D  
VALENTINE, WILLIAM  
1191 CANYON WAY  
WELLINGTON, FL 33414

ADD PD  
HYMAN, ALLEN  
1197 BAYVIEW WAY  
WELLINGTON, FL 33414

ADD TD  
SELIGMAN, MICHAEL  
1219 CANYON WAY  
WELLINGTON, FL 33414