Black Diamond Homeowners Association, Inc.

04-17-2008 90161 001 *5,818.75
N01000008605

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008605

1. Entity Name
BLACK DIAMOND HOMEOWNERS ASSOCIATION, INC.

FILED
08 APR 29 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66007059

Principal Place of Business	Mailing Address
G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33463	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33463

02122008 Chg-NP CR2E037 (12/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10261 OLD HAMMOCK WAY	C/O CASTLE GROUP
Suite, Apt. #, etc.	Suite, Apt. #, etc. 10261 OLD HAMMOCK WAY
City & State WELLINGTON, FL	City & State WELLINGTON, FL
Zip / Country 33414	Zip / Country 33414

4. FEI Number
01-0677882
☐ Applied For
☐ Not Applicable

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
BROUGH, CHADROW & LEVINE, P.A. 1900 N. COMMERCE PKWY. WESTON, FL 33326	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAUB, ERIC 1215 CREEKSIDE DR. WELLINGTON, FL 33414	☐ Delete	VPD KARGER, GARY 10496 FISH POND WELLINGTON, FL 33414	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HALPERIN, ANDREW 10493 MARSH ST. WELLINGTON, FL 33414	☐ Delete	D	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SELIGMAN, MICHAEL 1219 CANYON WAY WELLINGTON, FL 33414	☐ Delete	SD NAPERSTECK, CLIFF 10875 OLD HAMMOCK WELLINGTON, FL 33414	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPIRIONI, BARBARA 1214 BAYVIEW AVE WELLINGTON, FL 33414	☒ Delete	ATD ALICASTRO, GLENN 10529 GALLERIA STREET WELLINGTON, FL 33414	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PIER, MICHELLE 1189 BAYVIEW WAY WELLINGTON, FL 33414	☒ Delete	ASD ROMANO, JEANETTE 1266 BEACON CIRCLE WELLINGTON, FL 33414	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$4/29	☐ Delete		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #