

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755806

FILED
Jan 13, 2009
Secretary of State

Entity Name: DIAMONDHEAD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2838 PAR LANE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2838 PAR LANE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2402898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, SUNNY
2838 PAR LANE
TALLAHASSEE, FL 32301 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: PD () Delete
Name: TEITZMAN, ADAM
Address: 2827 PAR LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD () Delete
Name: OLSEN, KIRSTEN L
Address: 1804 JEAN AVENUE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: PHILLIPS, SUNNY
Address: 2838 PAR LANE
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: SMITH, GLENN
Address: 2819 PAR LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WILDER, LOUISE (KAY)
Address: 2930 PAR LANE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TEITZMAN, ADAM
Address: 2827 PAR LANE
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD (X) Change () Addition
Name: ALSTON, TRACY
Address: 2831 PAR LANE
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: PD (X) Change () Addition
Name: SMITH, GLENN
Address: 3551 BLAIRSTONE RD, #138
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: WILDER, LOUISE (KAY)
Address: 2830 PAR LANE
City-St-Zip: TALLAHASSEE, FL 32301

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: SUNNY PHILLIPS

TD

01/13/2009

Electronic Signature of Signing Officer or Director

Date