

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008605

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** BLACK DIAMOND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10261 OLD HAMMOCK WAY  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP  
P.O. BOX 559009  
FT. LAUDERDALE, FL 33355

**New Mailing Address:**

**FEI Number:** 01-0677882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, P.A.  
1900 N. COMMERCE PKWY.  
WESTON, FL 33326 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  
Name: BANNON, MONICA  
Address: 1225 BAYVIEW WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: TD  
Name: HALPERIN, ANDREW  
Address: 10493 MARSH ST.  
City-St-Zip: WELLINGTON, FL 33414

Title: 2VPD  
Name: BATE, KAREN  
Address: 1212 CANYON WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: 1VPD  
Name: LONGO, SHARI  
Address: 1194 BAYVIEW WAY  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date