

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33755

FILED
Apr 09, 2010
Secretary of State

Entity Name: DIAMOND RIDGE MASTER PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-3437752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 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: BARDUASKIS, DAN
Address: 28851 BERMUDA LAGO CT. #105
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD
Name: FULTZ, LARRY
Address: 28459 HIDDEN LAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ST
Name: FRECHETTE, BOB
Address: 3483 LAKESHORE DR. #312
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: MASON, BIRNY
Address: CARRIAGE HOMES DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D
Name: TINTES, WALLIE
Address: 28730 DIAMOND DRIVE #102
City-St-Zip: BONITA SPRINGS, FL 34134

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: BOB FRECHETTE

ST

04/09/2010

Electronic Signature of Signing Officer or Director

_____ Date