

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738180

**Entity Name:** DIAMOND ISLE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC8995533953**

**Current Principal Place of Business:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767

**Current Mailing Address:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US

**FEI Number: 59-1843338**

**Certificate of Status Desired: No**

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

JIM NOBLES MANAGEMENT, INC.  
251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US

*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

**Officer/Director Detail :**

Title SD  
Name PICCONE, CHRISTOPHER  
Address 660 ISLAND WAY #907  
City-State-Zip: CLEARWATER FL 33767

Title PD  
Name PLUMB, RODERICK  
Address 660 ISLAND WAY #205  
City-State-Zip: CLEARWATER FL 33767

Title VPD  
Name SWANSON, GERI  
Address 660 ISLAND WAY #503  
City-State-Zip: CLEARWATER FL 33767

Title TREASURER  
Name SCHWARTZ, FRANK  
Address 660 ISLAND WAY #504  
City-State-Zip: CLEARWATER FL 33767

Title D  
Name KELLY, MARY ANN  
Address 660 ISLAND WAY #704  
City-State-Zip: CLEARWATER FL 33767

*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: RODERICK PLUMB**

**PRESIDENT**

**04/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date