

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738180

Entity Name: DIAMOND ISLE CONDOMINIUM ASSOCIATION, INC.**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	DIRECTOR
Name	WILLIAMS, KRISTIN
Address	660 ISLAND WAY #507
City-State-Zip:	CLEARWATER FL 33767

Title	VP
Name	GIBERSON, CAREY
Address	660 ISLAND WAY #907
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR
Name	SANTO, ANN
Address	660 ISLAND WAY #707
City-State-Zip:	CLEARWATER FL 33767

Title	TREASURER
Name	ROIG, JILL J
Address	660 ISLAND WAY #404
City-State-Zip:	CLEARWATER FL 33767

Title	PRESIDENT
Name	DOOLITTLE, SUSAN
Address	660 ISLAND WAY #808
City-State-Zip:	CLEARWATER FL 33767

Title	VICE PRESIDENT
Name	SMYER, DEBBIE
Address	660 ISLAND WAY #701
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: SUSAN DOOLITTLE**PRESIDENT****04/29/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date