

2018 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 TREASURER
Name CARTER, CHARMAINE
Address 660 ISLAND WAY #804
City-State-Zip: CLEARWATER FL 33767Title VP
Name GIBERSON, CAREY
Address 660 ISLAND WAY #907
City-State-Zip: CLEARWATER FL 33767Title TREASURER
Name FARMER, JEFF
Address 1051 BAY AVE.
City-State-Zip: CLEARWATER FL 33756Title DIRECTOR
Name SANTO, ANN
Address 660 ISLAND WAY #707
City-State-Zip: CLEARWATER FL 33767Title D
Name KUENNING, ROBERT J
Address 660 ISLAND WAY #502
City-State-Zip: CLEARWATER FL 33767Title PRESIDENT
Name DOOLITTLE, SUSAN
Address 660 ISLAND WAY #808
City-State-Zip: CLEARWATER FL 33767Title DIRECTOR
Name COONEY, HEATHER
Address 660 ISLAND WAY #706
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

03/23/2018

Electronic Signature of Signing Officer/Director Detail_____
Date