

**2017 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 SECRETARY  
Name WERNER, KAREN  
Address 660 ISLAND WAY #904  
City-State-Zip: CLEARWATER FL 33767

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

Title TREASURER  
Name FARMER, JEFF  
Address 1051 BAY AVE.  
City-State-Zip: CLEARWATER FL 33756

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

Title D  
Name KUENNING, ROBERT J  
Address 660 ISLAND WAY #502  
City-State-Zip: CLEARWATER FL 33767

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

Title DIRECTOR  
Name NEWMAN, GERI  
Address 660 ISLAND WAY #503  
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**

**04/13/2017**

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

\_\_\_\_\_  
Date