2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0100008605

Entity Name: BLACK DIAMOND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10261 OLD HAMMOCK WAY WELLINGTON, FL 33414

Current Mailing Address:

BLACK DIAMOND HOA CASTLE MANAGEMENT 10261 OLD HAMMOCK WAY WELLINGTON, FL 33414 US

FEI Number: 01-0677882

Name and Address of Current Registered Agent:

GELFAND & ARPE, P.A. 1555 PALM BEACH LAKES BLVD. SUITE 1220 WEST PALM BEACH, FL 33401 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: | GELFAND ARPE | | | 12/22/2017 |
|-------------------|--|-----------------|-----------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Direct | or Detail : | | | |
| Title S | SD | Title | TD | |
| Name N | MCNAMARA, LYNNE | Name | MARTIN, PATRICK | |
| Address | 10261 OLD HAMMOCK WAY | Address | 10261 OLD HAMMOCK WAY | |
| City-State-Zip: \ | WELLINGTON FL 33414 | City-State-Zip: | WELLINGTON FL 33414 | |
| Title [| D | Title | VPD | |
| Name \ | WOLTMAN, BRENT | Name | KAZAN, ELIAS | |
| Address | 10261 OLD HAMMOCK WAY | Address | 10261 OLD HAMMOCK WAY | |
| City-State-Zip: \ | WELLINGTON FL 33414 | City-State-Zip: | WELLINGTON FL 33414 | |
| Title F | PD | Title | D | |
| Name S | SIRIANO, DAVID | Name | SADIO, SYDNEY | |
| Address | 10261 OLD HAMMOCK WAY | Address | 10261 OLD HAMMOCK WAY | |
| City-State-Zip: \ | WELLINGTON FL 33414 | City-State-Zip: | WELLINGTON FL 33414 | |
| Title | VPD | | | |
| Name A | ACOSTA, LIA | | | |
| Address | 10261 OLD HAMMOCK WAY | | | |
| City-State-Zip: \ | WELLINGTON FL 33414 | | | |

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: SIRIANO | , DAVID |
|--------------------|---------|
|--------------------|---------|

PRESIDENT

12/22/2017

Electronic Signature of Signing Officer/Director Detail

FILED Dec 22, 2017 Secretary of State CC6313225086

Certificate of Status Desired: No

Date