

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008605

**Entity Name:** BLACK DIAMOND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10261 OLD HAMMOCK WAY  
WELLINGTON, FL 33414

**Current Mailing Address:**

C/O CASTLE GROUP  
12270 SW 3RD STREET 200  
PLANTATION, FL 33325 US

**FEI Number:** 01-0677882

**Certificate of Status Desired:** No

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

BROUGH, CHADROW & LEVINE, P.A.  
1900 N. COMMERCE PKWY.  
WESTON, FL 33326 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 PD  
Name MAIORINO, MONICA  
Address 10261 OLD HAMMOCK WAY  
City-State-Zip: WELLINGTON FL 33414

Title TD  
Name MARTIN, PATRICK  
Address 10261 OLD HAMMOCK WAY  
City-State-Zip: WELLINGTON FL 33414

Title VP, D  
Name HALPERIN, ANDREW  
Address 10261 OLD HAMMOCK WAY  
City-State-Zip: WELLINGTON FL 33414

Title SD  
Name WOLTMAN, BRENT  
Address 10261 OLD HAMMOCK WAY  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name ALVAREZ, OLGA  
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:** MONICA MAIORINO

**PRESIDENT**

**03/01/2016**

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

\_\_\_\_\_  
Date