

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11277

**Entity Name:** THE FLORIDA DIAMOND CLUB, INC.**Current Principal Place of Business:**4131 LAGUNA ST  
410  
CORAL GABLES, FL 33146**Current Mailing Address:**4131 LAGUNA ST  
410  
CORAL GABLES, FL 33146 US**FEI Number:** 59-2657050**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARANGUREN, CESAR A  
4131 LAGUNA ST  
410  
CORAL GABLES, FL 33146 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:** CESAR ARANGUREN

09/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REYES, RAFAEL  
Address        PO BOX 8186  
City-State-Zip: JUPITER FL 33468

Title            OFFICER  
Name            BURGESS, RJ  
Address        6513 CLAIR SHORE DR  
City-State-Zip: APOLLO BEACH FL 33572

Title            OFFICER  
Name            FOLEY, BRETT  
Address        3730 HERLONG ST.  
City-State-Zip: NEW PORT RICHEY FL 34655

Title            OFFICER  
Name            SANCHEZ, LOU  
Address        5305 SW 146TH AVE  
City-State-Zip: MIAMI FL 33175

Title            TREASURER  
Name            ARANGUREN, CESAR CESAR  
                 ARANGUREN  
Address        4131 LAGUNA ST  
                 410  
City-State-Zip: CORAL GABLES FL 33146

Title            OFFICER  
Name            GABELLA, JIM  
Address        600 SPREADING OAK AVE.  
City-State-Zip: DELTONA FL 32738

Title            OFFICER  
Name            BUCKLEY, JIM  
Address        5111 W NEPTUNE WAY  
City-State-Zip: TAMPA FL 33609

Title            VP  
Name            O'BRIEN, MATT  
Address        932 N JACKS LAKE  
City-State-Zip: CLERMONT FL 34711

*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:** CESAR ARANGUREN**TREASURER**

09/17/2020

Electronic Signature of Signing Officer/Director Detail

Date