

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33755

Entity Name: DIAMOND RIDGE MASTER PROPERTY OWNER'S ASSOCIATION, INC.**FILED**
Apr 07, 2014
Secretary of State
CC0630175120**Current Principal Place of Business:**C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919**Current Mailing Address:**C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919**FEI Number: 59-3437752****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 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	BARDAUSKIS, DAN
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

Title	SECRETARY/ TREASURER
Name	JAGO, MARK- WOODS EDGE
Address	28459 HIDDEN LAKE DR.
City-State-Zip:	BONITA SPRINGS FL 34134

Title	D
Name	SMITH, ANN- THE PRESERVE
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

Title	VP
Name	TREFFERT, BILL- COMMERCIAL PROPERTIES
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

Title	D
Name	ETZKORN, BILL- BERMUDA RIDGE
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

Title	D
Name	KING, RICHARD- CARRIAGE HOMES
Address	C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200
City-State-Zip:	FORT MYERS FL 33919

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: BARDAUSKIS DAN**PRESIDENT****04/07/2014**

Electronic Signature of Signing Officer/Director Detail

Date