2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004098

Entity Name: DIAMOND PARK PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Apr 21, 2022
Secretary of State
5786758020CC

Current Principal Place of Business:

3301 DIAMOND KEY COURT PUNTA GORDA FL 33955

Current Mailing Address:

C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY PUNTA GORDA FL 33950 US

FEI Number: 59-3294497 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT STAR HOSPITALITY MGMT 26530 MALLARD WAY PUNTA GORDA, FL 33950 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: H. SHERIDAN DANKO 04/21/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title P Title VP

Name PENNISI, JOE Name DUGGINS, JOHN

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT MANAGEMENT 26530 MALLARD WAY 26530 MALLARD WAY

2030 WALLAND WAT

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title S/T Title D

Name FLEISCHMAN, MORTON Name SMITH, JEAN

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT MANAGEMENT 26530 MALLARD WAY 26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title D Title D

Name LOREN, CAROLE Name SCHOCH, MICHAEL

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT MANAGEMENT 26530 MALLARD WAY 26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title D Title D

Name RAYNOR, GORDON Name FERROZZO, STEVEN

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT MANAGEMENT 26530 MALLARD WAY 26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

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: JOE PENNISI PRES 04/21/2022