

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004098

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

03/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	PENNISI, JOE
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	VP
Name	DUGGINS, JOHN
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	S/T
Name	FLEISCHMAN, MORTON
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	SMITH, JEAN
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	LOREN, CAROLE
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	SCHOCH, MICHAEL
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	RAYNOR, GORDON
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	FERROZZO, STEVEN
Address	C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY
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:** MORTON FLEISCHMAN

S

03/10/2023

Electronic Signature of Signing Officer/Director Detail

Date