

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90024 039 ***150.00

DOCUMENT # 228398

1. Entity Name

DIPLOMAT GARDEN APTS., INC.



Principal Place of Business

801-851 ATLANTIC SHORES BLVD
HALLANDALE FL 33009

Mailing Address

801-851 ATLANTIC SHORES BLVD
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-0900205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOSLOSK, LINDA
801 ATLANTIC SHORES BLVD.
HALLANDALE FL 33009

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PINEAU, MARC
STREET ADDRESS 851 ATLANTIC SHORES BLVD #130
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME NADON, CLAUDE
STREET ADDRESS 851 ATLANTIC SHORES BLVD. #229
CITY-ST-ZIP HALLANDALE FL 33009

TITLE Director ☐ Change ☐ Addition
NAME JOHN MUCCIOLI
STREET ADDRESS 851 ATLANTIC SHORES BLVD. #222
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ST ☒ Delete
NAME GALLUZI, MARIA
STREET ADDRESS 851 ATLANTIC SHORES BLVD #118
CITY-ST-ZIP HALLANDALE FL 33009

TITLE DIRECTOR ☐ Change ☒ Addition
NAME GERALD BRASSEUR
STREET ADDRESS 851 ATLANTIC SHORES BLVD #222
CITY-ST-ZIP HALLANDALE FL 33009

TITLE D ☐ Delete
NAME FLAHERTY, CAMILLE
STREET ADDRESS 851 ATLANTIC SHORES BLVD #133
CITY-ST-ZIP HALLANDALE FL 33009

TITLE SECRETARY-TREASURER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LUCARELLI, DONALD
STREET ADDRESS 851 ATLANTIC SHORES BLVD #126
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PHILLIPS, FRED
STREET ADDRESS 801 ATLANTIC SHORES BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARC PINEAU *Marc Pineau* 03/04/06 854-454-0684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #