

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90078 021 \*\*\*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**

**40046456**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242007 Chg-P CR2E034 (12/06)

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

**KOSLOSKI, 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PINEAU, MARC	
STREET ADDRESS	851 ATLANTIC SHORES BLVD #130	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCEIOCI, JOHN	
STREET ADDRESS	801 A. S. B., APT 101	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRASSEUR, GERALD	
STREET ADDRESS	851 ATLANTIC SHORES BLVD., #222	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FLAHERTY, CAMILLE	
STREET ADDRESS	851 ATLANTIC SHORES BLVD #133	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUCARELLI, DONALD	
STREET ADDRESS	851 ATLANTIC SHORES BLVD #126	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, FRED	
STREET ADDRESS	801 ATLANTIC SHORES BLVD.	
CITY-ST-ZIP	HALLANDALE, FL 33009	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucarelli, Don	
STREET ADDRESS	851 Atlantic Shores Blvd # 126	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sassano, Joseph	
STREET ADDRESS	851 Atlantic Shores Blvd - #221	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVARTS, Thomas	
STREET ADDRESS	851 Atlantic Shores Blvd #228	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RA

Date

Daytime Phone #

**LINDA KOSLOSKI** 3/30/07 258-4449 (954)