

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 228398

FILED
Apr 21, 2009
Secretary of State

Entity Name: DIPLOMAT GARDEN APTS., INC.

Current Principal Place of Business:

801-851 ATLANTIC SHORES BLVD
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

801-851 ATLANTIC SHORES BLVD
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 59-0900205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSLOSKI, LINDA
801 ATLANTIC SHORES BLVD.
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SASSANO, JOSEPH
Address: 851 ATLANTIC SHORES BLVD. #221
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: MCEIOCI, JOHN
Address: 801 A. S. B., APT 101
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: BRASSEUR, GERALD
Address: 851 ATLANTIC SHORES BLVD. #222
City-St-Zip: HALLANDALE, FL 33009

Title: ST () Delete
Name: EVARTS, THOMAS
Address: 851 ATLANTIC SHORES BLVD. #228
City-St-Zip: HALLANDALE, FL 33009

Title: P () Delete
Name: LUCARELLI, DONALD
Address: 851 ATLANTIC SHORES BLVD #126
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: PHILLIPS, FRED
Address: 801 ATLANTIC SHORES BLVD.
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MUCCIOLI, JOHN
Address: 801 A. S. B., APT 101
City-St-Zip: HALLANDALE, FL 33009

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD LUCARELLI

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date