FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **714673** **(1)**

1. Corporation Name

DIANA SHORES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 540042 MERRITT ISLAND FL 32954-7042	P.O. BOX 540042 MERRITT ISLAND FL 32954-7042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/28/1968**
3a. Date of Last Report: **08/24/1994**
4. FEI Number: **59-2419616** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

RICHARDS, SONIA J.
1410 CENTAURUS COURT
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, SONIA J.	12 NAME	
STREET ADDRESS	1410 CENTAURUS COURT	13 STREET ADDRESS	
CITY ST ZIP	MERRITT ISLAND FL 32953	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	ROHDE, RICHARD	22 NAME	
STREET ADDRESS	390 DIANA BLVD.	23 STREET ADDRESS	
CITY ST ZIP	MERRITT ISLAND FL 32953	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BEUTLER, GERARD	32 NAME	
STREET ADDRESS	1520 POLARIS	33 STREET ADDRESS	
CITY ST ZIP	MERRITT ISLAND FL 32953	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MCCOMB, BOB	42 NAME	
STREET ADDRESS	400 DANIA BLVD	43 STREET ADDRESS	
CITY ST ZIP	MERRITT ISLAND FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SALZMAN, BOB	52 NAME	
STREET ADDRESS	355 ORION CT	53 STREET ADDRESS	
CITY ST ZIP	MERRITT ISLAND FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sonia J. Richards SONIA J. RICHARDS 4/30 407-452-4032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034488