


FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Motham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714673** (1)  
1. Corporation Name  
**DIANA SHORES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>P.O. BOX 540042 MERRITT ISLAND FL 32954-7042</b>	Mailing Address <b>P.O. BOX 540042 MERRITT ISLAND FL 32954-0042</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>32954-0042</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/28/1968</b>		3a. Date of Last Report <b>05/24/1996</b>	
				4. FEI Number <b>59-2418616-59-3359058</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BEUTLER, GERARD 1520 POLARIS ST MERRITT ISLAND FL 32953</b>				10. Name and Address of New Registered Agent 81 Name <b>EMILE JETTE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1370 SCORPION'S COURT</b> 83 84 City <b>MERRITT ISLAND</b> FL 85 Zip Code <b>32953</b>			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 617.0503, Florida Statutes.

SIGNATURE **EMILE JETTE** DATE **03-24-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEUTLER, GERARD A</b>	1.2 NAME	<b>JETTE, EMILE</b>
STREET ADDRESS	<b>1520 POLARIS ST</b>	1.3 STREET ADDRESS	<b>1370 SCORPION'S COURT</b>
CITY - ST - ZIP	<b>MERRITT ISLAND FL 32953</b>	1.4 CITY - ST - ZIP	<b>MERRITT ISLAND, FL 32953</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROHDE, RICHARD</b>	2.2 NAME	<b>SUE HOWELL</b>
STREET ADDRESS	<b>390 DIANA BLVD.</b>	2.3 STREET ADDRESS	<b>1400 TAURUS COURT</b>
CITY - ST - ZIP	<b>MERRITT ISLAND FL 32953</b>	2.4 CITY - ST - ZIP	<b>MERRITT ISLAND, FL 32953</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRY, MIKE</b>	3.2 NAME	
STREET ADDRESS	<b>1410 CEPHEUS CT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL 32953</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCOMB, BOB</b>	4.2 NAME	
STREET ADDRESS	<b>400 DANIA BLVD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL 32953</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALZMAN, BOB</b>	5.2 NAME	
STREET ADDRESS	<b>355 ORION CT</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL 32953</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>ROHDE, RICHARD</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>390 DIANA BLVD.</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>MERRITT ISLAND, FL 32953</b>

14. I do hereby certify that the information supplied with this filing 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: **EMILE JETTE** DATE **03-24-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0020168

CR2E037 (9/96)