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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

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 32954-0042

3. Date Incorporated or Qualified 05/28/1968 3a. Date of Last Report 05/24/1996
4. FEI Number 60-2418616-59-3359058 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
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 32954-0042 25 29 30

9. Name and Address of Current Registered Agent
BEUTLER, GERARD
1520 POLARIS ST
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent
81 Name EMILE JETTE
82 Street Address (P.O. Box Number is Not Acceptable) 1370 SCORPIONS COURT
83
84 City MERRITT ISLAND FL 85 Zip Code 32953

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BEUTLER, GERARD A	
STREET ADDRESS	1520 POLARIS ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROHDE, RICHARD	
STREET ADDRESS	390 DIANA BLVD.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRY, MIKE	
STREET ADDRESS	1410 CEPHEUS CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCOMB, BOB	
STREET ADDRESS	400 DANIA BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALZMAN, BOB	
STREET ADDRESS	355 ORION CT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JETTE, EMILE	
1.3 STREET ADDRESS	1370 SCORPIONS COURT	
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUE HOWELL	
2.3 STREET ADDRESS	1400 TAURUS COURT	
2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROHDE, RICHARD	
6.3 STREET ADDRESS	390 DIANA BLVD.	
6.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	

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: [Signature] DATE: 03-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0020168

CR2E037 (9/96)