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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 714673					
1. Corporation Name DIANA SHORES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 540042 MERRITT ISLAND FL 32954-0042 US			Mailing Address P.O. BOX 540042 MERRITT ISLAND FL 32954-7042		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/28/1968 4. FEI Number 59-3359058 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JETTE, EMILE 1370 SCORPIOUS 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE 3-22-99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME JETTE, EMILE STREET ADDRESS 1370 SCORPIOUS COURT CITY-ST-ZIP MERRITT ISLAND FL TITLE VP <input 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 checked="" type="checkbox"/> DELETE NAME MCCOMB, BOB STREET ADDRESS 400 DIANA 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 D <input type="checkbox"/> DELETE NAME ROHDE, RICHARD STREET ADDRESS 390 DIANA BLVD CITY-ST-ZIP MERRITT ISLAND FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME HOLLY M. JETTE 4.3 STREET ADDRESS 1370 SCORPIOUS CT. 4.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99 407-459-2660
Date Daytime Phone #

CR03037 (4/99)