FILE NOW: FILING FEE IS \$61.25

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

Mailing Address

P.O. BOX 540042 MERRITT ISLAND FL 32954-0042 P.O. BOX 540042

2a. Mailing Address

26

2. Principal Place of Business

MERRITT ISLAND FL 32954-7042

FILED Mar 25, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

05/28/1968

Suite, Apt.	#, etc. Suite, Apt. #, etc.			4. FEI Number			App	lied For		
22		27		_	59-3359058		Not	Applicable		
City & Stat	te	City & State			5. Certificate of Status Desired		-\$8:75 7A			
23		28			5. Certificate of Status Desired	<u>. 🖰</u>	Fee Red	uired		
Zip	Country	Zip	Country		6. Election Campaign Financing	_	\$5.00	vlay Be		
24	25	29 30	3		Trust Fund Contribution	ш	Added to	Fees		
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New	Registered A	Agent			
			81	Name						
ICTTE EA	AU C		92	Ot Add-	nos (D.O. Bay Number in Not Agen	table)				
JETTE, EMILE			02	82 Street Address (P.O. Box Number is Not Acceptable)						
1370 SCORPIOUS COURT MERRITT ISLAND FL 32953			83							
MEMMIII	• ·									
}			84	City		FL	85 Zip C	ode		
office or	to the provisions of Bections 617-0502 a registered agent, or both in the State of im familiar with, and accept the obligation	Florida. Such change was auth	orized by	the corporatio	n's board of directors. I hereby acco	pt the appoir	ntment as reg	istered		
agent. I a	m familiar with, and accept the obligation	ns of, Section 617.0503, Florida	a Statutes		· · · · · · · · · · · · · · · · · · ·	3-22-	99			
SIGNATURE	my	A PRO March Control	alists and Appea	it signature required		DATE	//	 \		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	it signature required	ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 12		
TITLE	P OFFICERS AND	DELETE	1.1 TITLE				Change	Addition		
	^r		1.2 NAME		•	•	_	_		
NAME	JETTE, EMILE	•				. •		1		
STREET ADDRESS	1370 SCORPIOUS COURT		1.3 STREET			• .				
CITY-ST-ZIP	MERRITT ISLAND FL	[] DELETE	1.4 CITY-S	T-ZIP		·	Change	Addition		
TITLE	VP	C) DELETE	2.1 TITLE			•	- Cilarigo	Addition		
NAME	ROHDE, RICHARD		2.2 NAME	i						
STREET ADORESS			2.3 STREET	raddress	· • • • • • • • • • • • • • • • • • • •		•	-		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		2. 4 CITY-S	T-ZIP				T Addis-		
TITLE	D	☐ DELETE	3.1 TITLE	Ì	•		Change	☐ Addition		
NAME	FERRY, MIKE		3.2 NAME	.				•		
STREET ADDRESS	1410 CEPHEUS CT		3.3 STREET	TADDRESS	•			1		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		3.4. CITY-S	T-ZIP						
TITLE	T	DELETE	4.1 TITLE	78	REASURER		Change	☐ Addition		
NAME .	MCCOMB, BOB	•	4.2 NAME	140	DULY M. JETTE 370 SCORPIOUS CT.			\		
STREET ADDRESS	400 DANIA BLVD		4.3 STREET	TADDRESS 13	170 SCORPIOUS CT.					
CITY-ST-ZIP	MERRITT ISLAND FL 32953 C	_	4.4 CITY-S	T-ZIP 46	ERRITT ISLAND, FL	3295	3			
TITLE	D	- DELETE	5.1 TITLE		•	_	☐ Change	☐ Addition		
NAME	SALZMAN, BOB		5.2 NAME					1		
STREET ADDRESS	355 ORION CT		5.3 STREET	T ADDRESS	•			1		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		5.4 CITY-S	T-ZIP						
TITLE -	D	☐ DELETE	6.1 TITLE				Change	☐ Addition		
NAME	ROHDE, RICHARD		6.2 NAME							
STREET ADDRESS			6.3 STREET	T ADDRESS	•					
CITY-ST-ZIP	MERRITT ISLAND FL		6.4 CFTY-S	T-ZIP						

I 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 supplemental that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.