

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 714673

1. Entity 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**



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3359058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BANKS, LILLIAN
360 ORIAN COURT
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lillian E Banks*

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

3-1-09

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000074812
03/03/04-80033-018 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BANKS, LILLIAN
360 ORIAN COURT
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
FARLEY, JOHN C
1390 TAURUS COURT
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
RANDOLPH, JOYCE S
370 DIANA BLVD
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SEIFFER, RUDY
380 DIANA BLVD
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NEESE, EDITH
1355 TAURUS COURT
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ERICKSON, LIZ
260 DIANA BLVD
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rudy Seiffer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-04

DATE

321-452-8876

Daytime Phone #