2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-10-2006 90310 021 ****61.25

DOCUMENT # 733659

1. Entity Name

THE DIPLOMAT APARTMENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3150 NORTH ATLANTIC AVENUE COCOA BEACH FL 32931	3150 NORTH ATLANTIC AVENUE COCOA BEACH FL 32931

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1906760 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~NANCY C. GOODWIN~~ ~~3799 SO. BANANA RIVER DRIVE #1029~~ ~~COCOA BEACH FL 32931~~ Robert Curasi 68 Treno St New Rochelle, NY 10801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 660 Diplomat Blvd Unit # 5 Cocoa Beach, FL 32931

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NANCY C. GOODWIN ~~3799 S. BANANA RIVER DR. #1029~~ COCOA BEACH FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Curasi 68 Treno St New Rochelle, NY 10801 Pres Bd Dir
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RICHARD, JOE 143 CAROLYN STREET SARATOGA SPRGS NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Norman Bilodeau RR 1 Box 1475 Livermore Falls ME 04254 1st VP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BILODEAU, NORMAN RR 1, BOX 1475 LIVERMORE FARM ME 04254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Donald Hayaux 209 Le Claire Rd Eldridge, IA 52748-1263 Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1V CURASI, ROBERT 68 TRENO ST. NEW ROCHELLE NY 10801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V BOATES, HAROLD 770 DIPLOMAT BLVD, APT 14 COCOA BEACH FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jack Holder 54 Danube River Dr Cocoa Beach, FL 32931 2nd VP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAMANN, DONALD 209 LE CLAIRE RD ELDRIDGE IA 52748-1263	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Joan Foust Box 175 Galway, NY 12074 Secretary

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Patricia Conway 4/6/2006 321-783-2402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #