2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90097 049 ****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 (10/06)

2. Principal Place of Business - No P.O. Box #	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
CURASI, ROBERT 330 DIPLOMAT PKWY UNIT 8 COCOA BEACH FL 32931	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 _____
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, 2007

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	S FOUST, JOAN BOX 375 GALWAY NY 12074	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT ROBERT CURASI 68 TRENO STREET New Rochelle, NY 10801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RICHARD, JOE 143 CAROLYN STREET SARATOGA SPRGS NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	1V.P. DONALD HAMANN 209 LeClaire Road Eldridge, IA 52748-1263	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1V BILODEAU, NORMAN RR 1, BOX 1475 LIVERMORE FARM ME 04254	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	2V.P. JACK MULONE 54 DANUBE RIVER DR. Cocoa Beach, FL 32931	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CURASI, ROBERT 68 TRENO ST. NEW ROCHELLE NY 10801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TREASURER NOREEN BEWERNITZ 3235 SPARTINA AVE. Merritt Island, FL 32953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V MULOOS, JACK 54 DANUBE RIVER DR COCOA BEACH FL 32931	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SECRETARY JOAN FOUST BOX 375 GALWAY, NY 12074	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAMANN, DONALD 209 LE CLAIRE RD ELDRIDGE IA 52748-1263	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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: Noreen Bewernitz TREASURER 3-20-07 321-783-2402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #