

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733659

FILED
Feb 26, 2009
Secretary of State

Entity Name: THE DIPLOMAT APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

3150 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

3150 NORTH ATLANTIC AVENUE
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-1906760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURASI, ROBERT
330 DIPLOMAT PKWY
UNIT 8
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: FOUST, JOAN
Address: BOX 375
City-St-Zip: GALWAY, NY 12074

Title: T () Delete
Name: HARRINGTON, IRENE
Address: 880 DIPLOMAT BLVD 12
City-St-Zip: COCOA BEACH, FL 32931

Title: P () Delete
Name: CURASI, ROBERT
Address: 68 TRENO ST.
City-St-Zip: NEW ROCHELLE, NY 10801

Title: 2VP () Delete
Name: THOMAS, EDWARD
Address: 770 DIPLOMAT BLVD 6
City-St-Zip: COCOA BEACH, FL 32931

Title: VP () Delete
Name: MULONE, JACK
Address: 54 DANUBE RIVER DR
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN FOUST

SEC

02/26/2009

Electronic Signature of Signing Officer or Director

Date