

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738180

1. Entity Name

DIAMOND ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7850 ULMERTON RD. SUITE 1
LARGO FL 33771
US

Mailing Address

7850 ULMERTON RD. SUITE 1
LARGO FL 33771
US

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

59-1843338

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

HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
7850 ULMERTON ROAD
SUITE 1
LARGO FL 33771

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KELLY, MARY ANN
STREET ADDRESS 660 ISLAND WAY #704
CITY-ST-ZIP CLEARWATER FL 33767

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME SHARP, JOHN
STREET ADDRESS 660 ISLAND WAY, #406
CITY-ST-ZIP CLEARWATER FL 33767

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME GUIDA, LUCILLE
STREET ADDRESS 660 ISLAND WAY #903
CITY-ST-ZIP CLEARWATER FL 33767

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME MORGAN, POLLY
STREET ADDRESS 660 ISLAND WAY #301
CITY-ST-ZIP CLEARWATER FL 33767

TITLE DS ☒ Change ☐ Addition
NAME Maureen Blanchard
STREET ADDRESS 660 Island Way, #205
CITY-ST-ZIP Clearwater, FL 33767

TITLE D ☐ Delete
NAME WALKER, HAROLD
STREET ADDRESS 660 ISLAND WAY #503
CITY-ST-ZIP CLEARWATER FL 33767

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WILLIAMSON, EUGENE
STREET ADDRESS 660 ISLAND WAY #708
CITY-ST-ZIP CLEARWATER FL 33767

TITLE D ☐ Change ☒ Addition
NAME Sharon Williamson
STREET ADDRESS 660 Island Way, #708
CITY-ST-ZIP Clearwater, FL 33767

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 530 4517

1/24/01

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

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