

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90068 006 \*\*\*\*61.25

**DOCUMENT # 738180**

1. Entity Name

**DIAMOND ISLE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7850 ULMERTON RD. SUITE 1  
 LARGO FL 33771  
 US

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

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

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

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

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

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

TITLE ☒ Delete  
 NAME SD  
 STREET ADDRESS BLANCHARD, MAUREEN  
 CITY-ST-ZIP 660 ISLAND WAY #205  
 CLEARWATER FL 33767

TITLE ☒ Change ☐ Addition  
 NAME SD  
 STREET ADDRESS Morgan, Polly  
 CITY-ST-ZIP 669 Island Way, #301  
 Clearwater, FL 33767

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME D  
 STREET ADDRESS Paul Marino  
 CITY-ST-ZIP 660 Island Way, #602  
 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)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)