


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90468 016 ****61.25

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 Holiday Isles Property Mgmt., Inc. 7850 Ulmertown Road, Ste. 1 Largo, FL 33771
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54041535



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

04192004 Chg-NP CR2E037 (10/03)

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. 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

**Filing Fee is \$61.25
Due by May 1, 2004**

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	PD <input checked="" type="checkbox"/> Delete	TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, MARY ANN	NAME	Harold Walker
STREET ADDRESS	660 ISLAND WAY #704	STREET ADDRESS	660 Island Way, #503
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	Clearwater, FL 33767
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, JOHN	NAME	Charles Elsesser
STREET ADDRESS	660 ISLAND WAY, #406	STREET ADDRESS	660 Island Way, #507
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	Clearwater, FL 33767
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUIDA, LUCILLE	NAME	John J. Cassidy
STREET ADDRESS	660 ISLAND WAY #903	STREET ADDRESS	660 Island Way, #206
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	Clearwater, FL 33767
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, POLLY	NAME	Roderick Plum
STREET ADDRESS	669 ISLAND WAY, 301	STREET ADDRESS	660 Island Way, #205
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	Clearwater, FL 33767
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, HAROLD	NAME	Roger Sullender
STREET ADDRESS	660 ISLAND WAY #503	STREET ADDRESS	660 Island Way, #1001
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	Clearwater, FL 33767
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, PAUL	NAME	
STREET ADDRESS	660 ISLAND WAY	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33767	CITY-ST-ZIP	

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:

Charles N. Elsesser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES N. ELSSESSER 4/21/2004 727 530 4517
DIR - TREAS Date Daytime Phone #