


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90073 044 ****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 7850 ULMERTON RD, SUITE 1 LARGO, FL 33771 US	
2. Principal Place of Business 11350 66th ST N Suite, Apt. #, etc. Suite 124 City & State Largo FL Zip 33773		3. Mailing Address 11350 66th ST N Suite, Apt. #, etc. Suite 124 City & State Largo FL Zip 33773	
Country Pinellas		Country Pinellas	
4. FEI Number 59-1843338		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLIDAY ISLES PROPERTY MANAGEMENT, INC. 7850 ULMERTON ROAD SUITE 1 LARGO, FL 33771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11350 66th ST N Suite 124 City Largo FL Zip Code 33773	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DVS WALKER, HAROLD 660 ISLAND WAY, #503 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D CASSIDY, JOHN J. 660 ISLAND WAY, #206 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P Mary Ann Kelly # 704 660 Island way # 704 Clearwater, FL 33767
D ELSESSOR, CHARLES 660 ISLAND WAY, #507 CLEARWATER, FL 33767	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V D Howard Blasco 660 Island way # 307 Clearwater, FL 33767
D PLUM, RODERICK 660 ISLAND WAY #205 CLEARWATER, FL 33767	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD Polly Morgan 660 Island way # 301 Clearwater, FL 33767
D SULLENDER, ROGER 660 ISLAND WAY, #1001 CLEARWATER, FL 33767	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Lucille Guida 660 Island way # 903 Clearwater, FL 33767
D MARINO, PAUL 660 ISLAND WAY CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS 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: <u>Mary Ann Kelly</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/23/05	Daytime Phone # 727-548-9402