


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90052 012 \*\*\*\*61.25

<b>DOCUMENT # 738180</b> 1. Entity Name DIAMOND ISLE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 11350 66TH ST N. SUITE 124 LARGO, FL 33773 US		Mailing Address 11350 66TH ST N. SUITE 124 LARGO, FL 33773 US	
2. Principal Place of Business - No P.O. Box # <b>251 WINDWARD PASS.</b>		3. Mailing Address <b>251 WINDWARD PASSAGE</b>	
Suite, Apt. #, etc. <b>Suite F</b>		Suite, Apt. #, etc. <b>Suite F</b>	
City & State <b>CLEARWATER</b>		City & State <b>CLEARWATER</b>	
Zip <b>33767</b>		Zip <b>33767</b>	
Country <b>FLORIDA</b>		Country <b>FLORIDA</b>	
4. FEI Number <b>59-1843338</b>		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. 11350 66TH ST N. SUITE 124 LARGO, FL 33773		7. Name and Address of New Registered Agent Name <b>NOBLES MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>251 WINDWARD PASSAGE</b> <b>Suite F</b> City <b>CLEARWATER</b> FL <b>FL</b> Zip Code <b>33767</b>	
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 <u><i>Sheron Tuttle</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD KELLY, MARY ANN	<input checked="" type="checkbox"/> Delete	TITLE PD CHRISTOPHER PICONE
STREET ADDRESS	660 ISLAND WAY #704		STREET ADDRESS 660 ISLAND WAY #907
CITY- ST- ZIP	CLEARWATER, FL 33767		CITY- ST- ZIP CLEARWATER, FL. 33767
TITLE	TD GUIDA, LUCILLE	<input checked="" type="checkbox"/> Delete	TITLE TD ROBERILK PLUMB
STREET ADDRESS	660 ISLAND WAY # 903		STREET ADDRESS 660 ISLAND WAY # 205
CITY- ST- ZIP	CLEARWATER, FL 33767		CITY- ST- ZIP CLEARWATER, FL. 33767
TITLE	SD MORGAN, POLLY	<input checked="" type="checkbox"/> Delete	TITLE SD GERI SWANSON
STREET ADDRESS	660 ISLAND WAY #301		STREET ADDRESS 660 ISLAND WAY #503
CITY- ST- ZIP	CLEARWATER, FL 33767		CITY- ST- ZIP CLEARWATER, FL. 33767
TITLE	D PLUM, RODERICK	<input checked="" type="checkbox"/> Delete	TITLE D DOUG KEIMIG
STREET ADDRESS	660 ISLAND WAY #205		STREET ADDRESS 660 ISLAND WAY #605
CITY- ST- ZIP	CLEARWATER, FL 33767		CITY- ST- ZIP CLEARWATER, FL. 33767
TITLE	VPD KUBIAK, KRIS	<input type="checkbox"/> Delete	TITLE VPD ALLAN HAMMER
STREET ADDRESS	660 ISLAND WAY # 901		STREET ADDRESS 660 ISLAND WAY # 504
CITY- ST- ZIP	CLEARWATER, FL 33767		CITY- ST- ZIP CLEARWATER, FL. 33767
TITLE	D BLASCO, HOWARD	<input checked="" type="checkbox"/> Delete	TITLE D ALLAN HAMMER
STREET ADDRESS	660 ISLAND WAY # 307		STREET ADDRESS 660 ISLAND WAY # 504
CITY- ST- ZIP	CLEARWATER, FL 33767		CITY- ST- ZIP CLEARWATER, FL. 33767
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>Roderick Plum</i></u> <b>7/6/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			