

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738180

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** DIAMOND ISLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US

**New Principal Place of Business:**

**Current Mailing Address:**

251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US

**New Mailing Address:**

**FEI Number:** 59-1843338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JIM NOBLES MANAGEMENT, INC.  
251 WINDWARD PASSAGE  
SUITE F  
CLEARWATER, FL 33767 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PICCONE, CHRISTOPHER  
Address: 660 ISLAND WAY #907  
City-St-Zip: CLEARWATER, FL 33767 US

Title: TD  
Name: PLUMB, ROBERICK  
Address: 660 ISLAND WAY #205  
City-St-Zip: CLEARWATER, FL 33767 US

Title: VPSD  
Name: SWANSON, GERI  
Address: 660 ISLAND WAY #503  
City-St-Zip: CLEARWATER, FL 33767 US

Title: D  
Name: HAMMER, ALLAN  
Address: 660 ISLAND WAY #504  
City-St-Zip: CLEARWATER, FL 33767 US

Title: D  
Name: MORGAN, POLLY  
Address: 660 ISLAND WAY #301  
City-St-Zip: CLEARWATER, FL 33767 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER PICCONE

P

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date