2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90039 014 ****61.25

DOCUMENT # 755806

1. Entity Name

DIAMONDHEAD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2820 PAR LN TALLAHASSEE FL 32301 US	2820 PAR LN TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

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 59-2402898 ☐ 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
POWERS, RICHARD M 315 S. CALHOUN, SUITE #701 TALLAHASSEE FL 32301	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MINARDI, CHARLES 2820 PAR LN TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICHARD RHOADS 2831 DIAMOND HEAD TALLAHASSEE, FL 32301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHNEIDER, DON 2815 DIAMONDHEAD TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ERIK SWANSON 2832 PAR LANE Tallahassee, FL 32301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HENNESSY, MARY 2836 PAR LN TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TO-HA TANG 2824 PAR LANE Tall. FL 32301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BLANTON, BEVERLEY 2816 PAR LN TALLAHASSEE FL 32301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DEBORAH FIESLER 2826 PAR LANE Tall. FL 32301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED 2/4/02 (850) 402-4017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #