

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Feb 19, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # N00000004343**

1. Entity Name -  
**DIAMOND PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
6150 DIAMOND CENTRE CT  
#1001  
FORT MYERS, FL 33912

Mailing Address  
14241 METROPOLIS AVE.  
100  
FORT MYERS, FL 33912



01312008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **74-2963876** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BEKER & POLIAKOFF  
14241 METROPOLIS AVE.  
SUITE 100  
FORT MYERS, FL 33912**

**DO NOT WRITE IN THIS SPACE**

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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MCDONALD, WALTER K
STREET ADDRESS	6150 DIAMOND CENTRE CT, SUITE 101
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	V
NAME	MCCORMACK, RICARDO J
STREET ADDRESS	6150 DIAMOND CENTRE CT, SUITE 500
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	ST
NAME	O'DONNELL, JACQUELINE
STREET ADDRESS	5728 FLAMINGO DRIVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000832771  
02/27/08-80072-019 61.25

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-13-08**

Date

**239-267-2489**

Daytime Phone #