## Apr 30, 2004 8:00 am Secretary of State

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DOCUMENT # N00000007323 **DELRAY OCEAN ESTATES HOMEOWNERS** ASSOCIATION, INC. Principal Place of Business Mailing Address 1177 GEORGE BUSH BLVD 1177 GEORGE BUSH BLVD. #100 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 81-0609983 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAMOND, GERALD L 1715 S OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH, FL 33483 City 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. 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE ☐ Delete TITLE Change ☐ Addition NAME DIAMOND, GERALD L NAME 1177 GEORGE BUSH BLVD, #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP TITLE DV ☐ Delete TITLE Channe ☐ Addition DIAMOND, R NICHOLAS NAME NAME 1177 GEORGE BUSH BLVD, #100 STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33483 CITY-ST-ZIP CITY-ST-7IP STD ☐ Delete TITLE TITLE ☐ Change Addition DIAMOND, TIMOTHY NAME NAME STREET ADDRESS 1177 GEORGE BUSH BLVD, #100 STREET ADDRESS DELRAY BEACH, FL 33483 City-St-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZH 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 trusted empowered to execute this report is 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. HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #