2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004
Secretary of State

DOCUMENT# N03000009262

Entity Name: DIAMOND HILL SINGLE FAMILY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

255 PINE AVE. NORTH
OLDSMAR, FL 34677

New Principal Place of Business:

PO BOX 2157
OLDSMAR, FL 34677

Current Mailing Address:

255 PINE AVE. NORTH
OLDSMAR, FL 34677

New Mailing Address:

PO BOX 2157
OLDSMAR, FL 34677

FEI Number: 20-0333472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSON, ROGER A
911 CHESTNUT ST.
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

HANSON, JACK
3974 TAMPA RD.
SUITE B
OLDSMAR, FL 34677 US

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: JACK HANS0N 03/30/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, MARK
Address: 255 PINE AVE. NORTH
City-St-Zip: OLDSMAR, FL 34677

Title: VD ( ) Delete
Name: FONTANA, JOSEPH M
Address: 255 PINE AVE. NORTH
City-St-Zip: OLDSMAR, FL 34677

Title: STD ( ) Delete
Name: SHARP, DONALD
Address: 255 PINE AVE. NORTH
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARK JOHNSON PD 03/30/2004
Electronic Signature of Signing Officer or Director — Date