## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009262

FILED Apr 16, 2007 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** PO BOX 1418 PALM HARBOR, FL 34682 FEI Number: 20-0333472 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANSON, JACK B MELROSÉ MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition JOHNSON, MARK CLARK, PAUL Name: Name: 255 PINE AVE. NORTH Address: 2415 BLUE STONE COURT Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: VALRICO, FL 33594 Title: VD () Delete Title: (X) Change ( ) Addition FONTANA, JOSEPH M Name: FEITSHANS, JEFFREY Name: Address: 255 PINE AVE. NORTH Address: 1631 EMERALD HILL WAY City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: VALRICO, FL 33594 Title: STD () Delete Title: (X) Change ( ) Addition SHARP, DONALD GRILLO-MONROE, TERESA MARIA Name: Name: 255 PINE AVE. NORTH 1012 EMERALD HILL WAY Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: VALRICO, FL 33594 ( ) Delete Title: Title: TD ( ) Change (X) Addition VANDER VEER, GEORGE Name: Name: 1601 BRILLIANT CUT WAY Address: Address: City-St-Zip: City-St-Zip: VALRICO, FL 33549 Title: () Delete Title: ( ) Change (X) Addition LOMNICKY, JOSEPH Name: Name: 1209 EMERALD HILL WAY Address: Address: City-St-Zip: City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JACK B HANSON RA 04/16/2007