


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000009977
 1. Entity Name
PARQUE DIANE HOMEOWNERS ASSOCIATION, INC.



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| Principal Place of Business 4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32258 | Mailing Address 4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32258 |
|--|--|



02062006 No Chg-NP CR2E037 (11/05)

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|---|--------------------------------|
| 4. FEI Number 56-2514792 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

DOSTIE, RENE
 4580 JULINGTON CREEK ROAD
 JACKSONVILLE, FL 32223

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

Filing Fee Is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DP DOSTIE, RENE 4580 JULINGTON CREEK ROAD JACKSONVILLE, FL 32258 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DVS WARWICK, FLOYD 22 SOUTH 3RD STREET AMELIA ISLAND, FL 32034 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D SABATIER, LOUIS 13133 PROFESSIONAL DRIVE, SUITE 120 JACKSONVILLE, FL 32258 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | |

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 02/23/06-80066-013 61.25

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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: Rene Dostie 2/7/06 904-880-6441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, State Phone #

Rene Dostie