

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009977

FILED
Apr 25, 2008
Secretary of State

Entity Name: PARQUE DIANE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE.
ORLANDO, FL 32809

New Principal Place of Business:

5955 T.G. LEE BLVD,
SUITE 300
ORLANDO, FL 328224457

Current Mailing Address:

5955 T.G. LEE BLVD, SUITE 300
ORLANDO, FL 328224457

New Mailing Address:

5955 T.G. LEE BLVD,
SUITE 300
ORLANDO, FL 328224457

FEI Number: 56-2514792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
8009 S ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.
5955 T.G. LEE BLVD,
SUITE 300
ORLANDO, FL 328224457 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:

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REYNOLDS, GLEN
Address: 11945 SAN JOSE BLVD BLDG #300
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD () Delete
Name: DONNELLY, KEITH
Address: 11945 SAN JOSE BLVD BLDG #300
City-St-Zip: JACKSONVILLE, FL 32223

Title: STD () Delete
Name: BACHUSZ, REBECCA
Address: 11945 SAN JOSE BLVD BLDG 300
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KUEFFER, WALTER III
Address: 922 LORD NELSON BLVD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD (X) Change () Addition
Name: FITZHUGH, PEMBROKE IV
Address: 930 LORD NELSON BLVD
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD (X) Change () Addition
Name: BELTON, SAMUEL L
Address: 13036 NOTRE DAME LANE NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Change (X) Addition
Name: BURRUS, PATRICK D
Address: 949 CORSICA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Change (X) Addition
Name: SCHOMMER, JAN
Address: 846 CORSICA LANE
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify 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: WALTER KUEFFER III

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date